

EPI C-NOLA

EARLY PSYCHOSIS INTERVENTION CLINIC

EPIC-NOLA, Early Psychosis Intervention Clinic-New Orleans, provides comprehensive evaluation and treatment of adolescents and young adults who have recently begun experiencing psychosis. Our team will provide diagnosis and treatment planning consistent with the most progressive evidence-based models for first-episode psychosis treatment. Our team of expert providers are affiliated with Tulane University-Department of Psychiatry and Behavioral Sciences.

The goal of the **EPIC-NOLA** is to help adolescents and young adults understand, manage, and cope with these experiences in order to get back to their everyday lives.

Patients may be eligible to participate in the **EPIC- NOLA** program if they are:

- Between the ages of 12 and 35
- Have been experiencing psychosis for less than 3 years
- Have received a diagnosis of schizophrenia or other psychotic disorder
- Willing to be evaluated and treated by healthcare professionals

EPIC-NOLA provides Coordinated Specialty Care (CSC) services for first-episode psychosis, including psychiatric medication management, individual, group, and family education as well as case management. EPIC-NOLA emphasizes collaborative decision-making to foster engagement and address the unique needs and preferences of each individual to enhance the outcome of treatment. Some of these services can be provided in the community and home. Our multi-disciplinary team works with patients and their families in order to determine goals and navigate the path towards recovery and wellness.

Please call 504-988-0301 for further information and fax completed referral form to 504-988-0302

EPIC-NOLA Team

Grinasha Dillon-Intake Coordinator
Ashley Weiss, D.O., MPH-Medical Director/Psychiatrist
Serena Chaudhry, DSW-Clinical Director
Michael Dyer, LPC-Lead Therapist/Family Educator
Ashleigh Castro, LPC-Therapist/Community Engagement Specialist
Doug Headrick, LPC-Therapist/Supported Education and Employment Specialist
Jane Lefkowitz, LMSW-Peer Support Specialist

**To learn about our psychosis awareness and early detection campaign, visit www.calmnola.org*

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Referral Form

Date:

Client Name	<input type="text"/>	DOB	<input type="text"/>	Gender	<input type="text"/>
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Address	<input type="text"/>	City, State	<input type="text"/>	Zip	<input type="text"/>
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Home Phone	<input type="text"/>	Other Phone	<input type="text"/>
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Other Contact	<input type="text"/>	Relationship	<input type="text"/>	Contact Number	<input type="text"/>
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Type of Insurance:	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> None
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Insurance ID #	<input type="text"/>	Insurance Contact #	<input type="text"/>
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Diagnosis	<input type="text"/>
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Estimated Date of Initial Psychotic Symptoms	<input type="text"/>
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Date of Most Recent Hospitalization (if applicable)	<input type="text"/>	Discharge Date (if applicable)	<input type="text"/>
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If currently hospitalized, please provide patient #	<input type="text"/>
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Recent Symptoms & Reason for Referral	<input type="text"/>
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Referring Clinician Name	<input type="text"/>	Hospital / Agency	<input type="text"/>
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Contact Number	<input type="text"/>	Date	<input type="text"/>
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