

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 faculty and staff at 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 therapy, group therapy, peer support, family psychoeducation and 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. we well as through telehealth. 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

Ashley Weiss, D.O., MPH-Medical Director/Attending Psychiatrist
Akanksha Thakur, MD-Attending Psychiatrist
Cassie Lentz, MD-Attending Psychiatrist
Serena Chaudhry, DSW-Public Health Director
Michael Dyer,LPC-Clinical Director
Doug Headrick, LPC-Psychotherapist, specialization in EMDR
Victor Onuoha, LPC-Psychotherapist Education and Employment Specialist
Melissa Cooper, LPN-EPIC Nurse
Russell Macaluso-Peer Support Specialist
Karl Lewis-Peer Support Specialist
Brandon Nelson-Wellness Coach
Tyrielle Bannister-Intake Specialist
Lisa Joseph, Clinic Manager

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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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