PSYCHIATRIC REHABILITATION PROGRAM

1055 Taylor Ave #207, Towson, MD 21286
T: 410-321-6826 F: 410-321-6827

Referral Form

Client Name: ____________________________**Medical Assistance #:** ____

SSN:________________________ **M or F** **Ethnicity:** ____________________**DOB:**_________ **Age:** _________

Address: ____**City:** _____________________**ZIP:** _______________

Home Phone: ____________________**Cell Phone:** _______________________**Work Phone:** _______________________

Legal Guardian (if applicable): _______________**Relationship (to client)**_____________**Phone**_______________________

REASON FOR REFERRAL (check all that apply):

- ☐ Behavior/Conduct Challenges
- ☐ Emotional/Mental Illness
- ☐ Employment Instability
- ☐ Financial Instability
- ☐ Legal/Incarceration
- ☐ Medication Mismanagement
- ☐ Physical/Emotional Abuse
- ☐ Relational Conflicts
- ☐ Sexual Abuse
- ☐ Social/Interpersonal Challenges
- ☐ Substance Abuse
- ☐ Suicidal/Homicidal

PRP SERVICES REQUESTED (check all that apply):

- ☐ Adaptive Resources
- ☐ Crisis Intervention
- ☐ Dangerous Behaviors
- ☐ Education-/Vocational Training
- ☐ Health Promotion
- ☐ Independent Living Skills
- ☐ Promotion of Wellness, Self-Management & Recovery
- ☐ Recovery Challenges
- ☐ Psychiatric Inpatient/Detention Center Support
- ☐ Self-Care Skills
- ☐ Social Relationships & Leisure Activities
- ☐ Social Skills

SYMPTOMS AND BEHAVIORS/RISK BEHAVIORS (check all that apply):

- ☐ Anxiety/Panic
- ☐ Attachment Problems
- ☐ Depressed
- ☐ Fire Setting
- ☐ Homicidal Ideations
- ☐ Hopeless/Helpless
- ☐ Hyperactive
- ☐ Impulsive
- ☐ Irritable
- ☐ Isolative
- ☐ Lying/Manipulative
- ☐ Manic Mood
- ☐ Obsession/Compulsion
- ☐ Oppositional Defiant
- ☐ Physical Aggression
- ☐ Property Destruction
- ☐ Running Away
- ☐ Self-Care Deficit
- ☐ Self-Injurious Behavior
- ☐ Separation Problems
- ☐ Sexually Inappropriate
- ☐ Social/Withdrawal
- ☐ Stealing
- ☐ Suicidal Ideations
- ☐ Trauma-related
- ☐ Truancy
- ☐ Verbal Aggression

Please indicate current DSM V diagnoses & relevant medications: (Each Axis must be completed, as well as GAF)

Behavioral Diagnosis Code: ___________________________**Medications:**____
Behavioral Diagnosis Code: ___________________________**Medications:**____
Behavioral Diagnosis Code: ___________________________**Medications:**____
Primary Medical Diagnosis Code: ____
Primary Medical Diagnosis Code:____
Diagnosis given by (print name): ________________________________→ **credentials:** _____________ **Date:** ___________

Is there documentation attached to verify this diagnosis? **YES __ NO __**

Is the client currently receiving therapy? **YES __ NO __**

Treating Therapist Printed Name: _______________________________ **Date:** ___________ **Phone:** __________________

Therapist Signature: ___________________________________ → **credentials:** __________________

_____Verbal Approval from Therapist to refer identified client for Psychiatric Rehabilitation services secured.

_____I am authorized or have been given authorization to give consent for ATOSK PRP Team to collaborate with service providers to receive and verify the information on this form for screening assessment purposes, and to determine the appropriateness of services for above-referenced individual.

©2017, AHS

PRP Referral Form Guidance

To Qualify for PRP services, all of the following criteria are necessary for admission:

1. The *adult* participant has a PBHS specialty mental health DSM 5 diagnosis included in the priority population (see below). Diagnosis is still important for minors, but in general they are automatically considered priority population, and the Reasons/Symptoms are the focus for approval.
2. The participant's impairment(s) can be expected to be stabilized at this level of care.
3. The impairment results in at least one of the following:
    a. A clear, current threat to the participant's ability to live in his/her customary setting
    b. An inability to be employed or attend school without support
    c. An inability to manage the effects of his/her mental illness
4. The participant's condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the participant's recovery.
5. The participant must be concurrently engaged in outpatient mental health treatment.
6. All participants residing in a RRP must have PRP services available.
7. The participant does not require a more intensive level of care.
8. All less intensive levels of treatment have been determined to be unsafe or unsuccessful.

Priority Population Diagnoses (Adults must have one of the following):

- ☐ 295.90/F20.9 Schizophrenia
- ☐ 295.40/F20.81 Schizophreniform Disorder
- ☐ 295.70/F25.0 Schizoaffective Disorder, Bipolar Type
- ☐ 295.70/F25.1 Schizoaffective Disorder, Depressive Type
- ☐ 298.8/F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- ☐ 298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- ☐ 297.1/F22 Delusional Disorder
- ☐ 296.33/F33.2 Major Depressive Disorder, Recurrent Episode, Severe
- ☐ 296.34/F33.3 Major Depressive Disorder, Recurrent Episode, With Psychotic Features
- ☐ 296.43/F31.13 Bipolar I Disorder, Current or Most Recent Episode Manic, Severe
- ☐ 296.44/F31.2 Bipolar I Disorder, Current or Most Recent Episode Manic, With Psychotic Features
- ☐ 296.53/F31.4 Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe
- ☐ 296.54/F31.5 Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features
- ☐ 296.40/F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic
- ☐ 296.40/F31.9 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified
- ☐ 296.7/F31.9 Bipolar I Disorder, Current or Most Recent Episode Unspecified
- ☐ 296.80/F31.9 Unspecified Bipolar and Related Disorder
- ☐ 296.89/F31.81 Bipolar II Disorder
- ☐ 301.22/F21 Schizotypal Personality Disorder
- ☐ 301.83/F60.3 Borderline Personality Disorder

Adults currently experiences at least three of the following:

- ☐ Inability to maintain independent employment
- ☐ Social behavior that results in interventions by the mental health system
- ☐ Inability, due to cognitive disorganization, to procure financial assistance to
- ☐ Support living in the community
- ☐ Severe inability to establish or maintain a personal support system
- ☐ Need for assistance with basic living skills

Medicaid Information:

Does the individual have an active Medicaid number? **Yes** ___ **No** ___

If no, has the individual been released from incarceration within the past 30 days? **Yes** ___ **No** ___

©2017, AHS