



Adult Psychiatric Rehabilitation Program Referral Form

Client Name _____ Phone _____

Address _____ MA# _____

Preferred Type of Service (please select all that apply) _____ Onsite (Day Program) _____ Offsite (In Home)

*If uninsured, Medicare, qmb, or slmb recipient, then additional criteria must be met in order to qualify for services (i.e. psychiatric inpatient hospitalization within the past three months, transitioning from a higher level of care, under an order from the Court)

Level of Education _____ SS# _____ DOB _____ Veteran? N Y

Primary Language _____ Secondary Language _____ Race _____ Marital Status _____

Behavioral Diagnoses

Primary Diagnosis Code/Description:

(Please Note that eligibility for PRP Services is restricted to the following diagnoses (updated to reflect DSM-5):

- ___ 295.90/F20.9 Schizophrenia
- ___ 295.40/F20.81 Schizophreniform D/O
- ___ 295.70/F25.0 Schizoaffective D/O, Bipolar Type
- ___ 295.70/F25.1 Schizoaffective D/O, Depressed 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 D/O, Recurrent Episode, Severe Without Psychotic Features
- ___ 296.34/F33.3 Major Depressive D/O, Recurrent Episode, Severe With Psychotic Features
- ___ 296.43/F31.13 Bipolar I D/O, Current/Most Recent Episode, Manic, Severe Without Psychotic Features
- ___ 296.44/F31.2 Bipolar I D/O, Current or Most Recent Episode, Manic, Severe With Psychotic Features
- ___ 296.53/F31.4 Bipolar I D/O, Current or Most Recent Episode, Depressed, Severe Without Psychotic Features
- ___ 296.54/F31.5 Bipolar I D/O, Current or Most Recent Episode, Depressed, Severe With Psychotic Features
- ___ 296.40/F31.0 Bipolar I D/O, Current or Most Recent Episode, Hypomanic
- ___ 296.40/F31.9 Bipolar I D/O, Current or Most Recent Episode, Hypomanic, Unspecified
- ___ 296.70/F31.9 Bipolar I D/O, 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
- ___ 301.81/F60.3 Borderline Personality Disorder

Diagnosis Code/Description # 2: _____

Diagnosis Code/Description #3: _____

Medical Diagnoses

DPCS LLC
1330 Smith Avenue
Baltimore, MD 21209
(410)805-1070

Initial Release Date:
January 2019

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Diagnosis #1: _____ Diagnosis #2: _____

Diagnosis #3: _____ Diagnosis #4: _____

Social Elements Impacting Diagnosis

None Educational Financial Problems with access to healthcare services Problems related to interactions with legal system/crime Primary support group Housing problems (not homelessness) Occupational problems Other psychosocial and environmental problems Problems related to the social environment Homeless Unknown

Inpatient Psychiatric Hospitalizations (within past six months) _____

Legal Involvement (within past six months) _____

Current Medications: _____

Summary Of ITP Goals: _____

This individual has a serious mental illness which has required the intervention of the Public Mental Health System in the last two years: Yes _____ No _____

Individual experiences at least three of the following:

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

Presenting Symptoms: Please include hx of SI and HI

Reason for PRP referral:

- Personal hygiene, Grooming, Nutrition, Dietary planning, Food preparation,
- Self-administration of medication, Community integration activities,
- Developing natural supports,
- Developing linkages with and supporting the individual's participation in community activities.
- Skills necessary for housing stability, Community awareness, Mobility and transportation skills,
- Money management, Accessing available entitlements and resources,
- Supporting the individual to obtain and retain employment, Health promotion and training,
- Individual wellness self-management and recovery.

Additional Needs/Areas of Concern: _____

Referring clinician name: _____

Email Address: _____

Signature and credentials: _____

Date _____

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