



Advantage Psychiatric Services, LLC

Adult Psychiatric Rehabilitation Program

Referral Form

White Marsh: Fax Referral to 410-780-7178

Millersville: Fax Referral to 410-846-5079

Woodlawn: Fax Referral to 443-551-3590

DEMOGRAPHIC INFORMATION:			
Name:			
Address:			
Phone Number (best and alternate):			
DOB:		SS#:	
Medical Assistance # (if uninsured, note if an application is pending):			
Gender:		Race(s):	Ethnicity:
Marital Status:		Veteran?	Yes / No
Highest Level of Education:		Employment Status:	
Primary Language:		Secondary Language:	

Preferred Type of Service (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.)

Behavioral Diagnoses

Primary Diagnoses Code/Description:

(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/Most recent Episode, Manic, Severe, with Psychotic Features
296.53 / F31.4	Bipolar I D/O, Current/Most Recent Episode, Depressed, Severe without Psychotic Features
296.54 / F31.5	Bipolar I D/O, Current/Most Recent Episode, Depressed, Severe with Psychotic Features
296.40 / F31.0	Bipolar I D/O, Current/Most Recent Episode, Hypomanic
296.40 / F31.9	Bipolar I D/O, Current/Most Recent Episode, Hypomanic, Unspecified
296.70 / F31.9	Bipolar I D/O, Current/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

Advantage Psychiatric Services, LLC
Phone: 410-686-3629

<p>White Marsh 5024 Campbell Blvd., Suite A Nottingham, MD 21236 Fax: 410-780-7178</p>	<p>Millersville 1114 Benfield Blvd., Suite H Millersville, MD 21108 Fax: 410-846-5079</p>	<p>Havre de Grace 910 Revolution St. Havre de Grace, MD 21078 Fax: 443-526-6333</p>	<p>Woodlawn 7133 Rutherford Rd., Suite 101 Windsor Mill, MD 21244 Fax: 443-551-3590</p>	<p>Elkton 306 W. Pulaski Hwy. Elkton, MD 21921 Fax: 410-392-3417</p>
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BEHAVIORAL DIAGNOSES DESCRIPTION:
Diagnosis Code #2:
Diagnosis Code #3:

MEDICAL DIAGNOSES:	
Diagnosis Code #1:	Diagnosis #2:
Diagnosis Code #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		

FUNCTIONAL ASSESSMENT:	
Assessment Measure:	Score:
Inpatient Psychiatric Hospitalizations (within the past six months):	
Legal Involvement (within the past six months):	
Summary of ITP Goals:	

This individual has a serious mental illness which is 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(S) FOR 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				

MEDICATIONS (If Known):		
Medication Name	Dosage/Frequency	Prescribing Physician

COMMENTS (Additional Needs/Areas of Concern):

Referring name/credentials (if applicable): _____

Email address/phone: _____

Signature and Credentials: _____ **Date:** _____