



Advantage Psychiatric Services, LLC

Adult Psychiatric Rehabilitation Program

Referral Form

Fax Referral to: 410-780-7178

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
301.81 / F60.3	Borderline Personality Disorder

Advantage Psychiatric Services, LLC

Phone: 410-686-3629

White Marsh
5024 Campbell Blvd., Suite A
Nottingham, MD 21236
Fax: 410-780-7178

Millersville
1114 Benfield Blvd., Suite H
Millersville, MD 21108
Fax: 410-846-5079

Havre de Grace
910 Revolution St.
Havre de Grace, MD 21078
Fax: 443-526-6333
www.advantagepsyc.com

Woodlawn
7133 Rutherford Rd., Suite 101
Windsor Mill, MD 21244
Fax: 443-551-3590

Elkton
306 W. Pulaski Hwy.
Elkton, MD 21921
Fax: 410-392-3417

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 establish or maintain independent competitive employment.

Inability to perform instrumental activities of daily living.

Inability to establish or maintain a personal support system.

Frequent deficiencies of concentration, persistence or pace.

Inability to perform or maintain self-care.

Deficiencies in self-direction.

Inability to procure financial assistance to support community living.

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):

Printed Referring Clinician's name/credentials: _____

Email Address: _____ **Phone:** _____

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

Printed Clinical Supervisor of LMSW or LGPC name/credentials: _____

Email Address: _____ **Phone:** _____