



# Advantage Psychiatric Services, LLC

## Mental Health Vocational Program (MHVP)

### Referral Form

Fax Referral to 410-780-7178

<b>DEMOGRAPHIC INFORMATION:</b>	
Name:	
Address:	
Home Phone #:	Cell Phone #:
DOB:	SS#:
Gender:	Pregnant?    Yes /    No
Race(s):	Ethnicity:
Marital Status:	Veteran?    Yes /    No If yes, which war?
Highest Level of Education:	
Currently Employed:    Yes /    No	Employer (if applicable):
Primary Language:	Secondary Language:
Housing Arrangements:	
Any Arrests within the previous 30 days?    Yes /    No	
If Yes, how many?	
Participated in self help groups in the previous 30 days?    Yes /    No	
DORS Counselor (if none, state N/A):	
<b>DIFFICULTY (check all that apply):</b>	
Hearing	Seeing
Mental Tasks	Walking
Going Out Alone	Dressing/Bathing

<b>DIAGNOSTICS:</b> (Note, as of October 1, 2015, Diagnoses are required in ICD-10 format.)
Source of Diagnosis (Name, Credentials): <b>*REQUIRED</b>
Therapist (if different, provide name and contact information):

<b>BEHAVIORAL DIAGNOSES DESCRIPTION:</b>
Primary Diagnoses:
Additional Diagnoses:

*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	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
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<b>MEDICAL DIAGNOSES:</b>
Medical Diagnoses #1:
Medical Diagnoses #2:

<b>SOCIAL ELEMENTS IMPACTING DIAGNOSIS:</b>
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

<b>FUNCTIONAL ASSESSMENT:</b>		
<table border="1"> <tr> <td>Assessment Measure:</td> <td>Score:</td> </tr> </table>	Assessment Measure:	Score:
Assessment Measure:	Score:	
Inpatient Psychiatric Hospitalizations (within the past six months):		
Legal Involvement (within the past six months):		
Summary of ITP Goals:		

<b>REASON(S) FOR REFERRAL:</b>

Medical Insurance :    Yes /    No	Number:
Primary Income:	Amount \$:
Additional forms of Income::	Amount \$:

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

**Behavioral Diagnoses**

MHA identifies the adult priority population as those individuals 18-64 years of age, who are seriously mentally ill, who lack sufficient resources to obtain required treatment, and who meet the criteria in the following categories:

295.90 / F20.9	Schizophrenia
295.40 / F20.81	Schizophreniform D/O
295.70 / F25.0	Schizoaffective D/O, Bipolar 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

**Impaired Role Functioning Resulting from Mental Illness (Check all that apply):**

In addition to meeting the above categories, clients must meet at least three (3) of the following five (5) criteria on a continuing or intermittent basis for at least two (2) years.

<input type="checkbox"/>	Inability to maintain independent employment,
<input type="checkbox"/>	Social behavior that results in interventions by the mental health system,
<input type="checkbox"/>	Inability, due to cognitive disorganization, to procure financial assistance to support living in the community,
<input type="checkbox"/>	Severe inability to establish or maintain a personal social support system, or
<input type="checkbox"/>	Need for assistance with basic living skills.

**Referring name/credentials (if applicable):** \_\_\_\_\_

**Email address (REQUIRED)/phone:** \_\_\_\_\_

**Referring Agency:** \_\_\_\_\_

**Staff's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_