Recovery Partnership **70 West North Street, Bethlehem, PA 18018**
Peer Services Program Office: (610) 861-2741 Fax: (610) 861-2781

Certified Peer Support Recommendation Form

Date: _____

Client Name: _____ D.O.B.: _____

Due to current symptoms, the above individual is experiencing moderate to severe impairment in one or more major life areas. Therefore, he/she is being recommended for Certified Peer Specialist services.

Diagnosis: _____

ICD – 10 Code: _____

Secondary Diagnosis: _____

ICD – 10 Code: _____

_____ _____
Signature of Licensed Practitioner of the Healing Arts Date

Printed Name: _____

Address: _____

_____

Phone #: _____

Please Note: *A practitioner of the healing arts consists of either a physician, licensed psychologist, CRNP (certified registered nurse practitioner) or physician's assistant.*

Rev. 09/2015