



YOUTH REFERRAL

Please send referral and additional clinical information to:

Caroline 613 S Fifth St, Denton, MD 21629 Fax: (410) 479-0250 Phone: (410) 479-0240
Dorchester 420 Dorchester Ave, Cambridge MD 21613 Fax: (410) 221-6459 Phone: (410) 228-8330
Talbot 8865 Glebe Park Dr, Unit 2 Easton MD 21601 Fax: (410) 822-6186 Phone: (410) 822-4611

Channel Marker, Inc. requests clinical information from your agency that supports the necessity for PRP services. Please include with the completed referral the following, as available.

- Mental Health Treatment Plan (ITP)
- Social History/Intake/Evaluation
- Psychological and/or Psychiatric Evaluations
- Discharge Summaries/Treatment Plans from last placement/hospitalization
- Medical records/evaluations and developmental history
- Education/Vocational Evaluations
- Documentation of Physical Exam within the past 12 months

DEMOGRAPHIC INFORMATION

Name:

Date Of Birth:

Social Security Number:

Address

Phone number:

Guardian Name
and address

Primary Caretaker
Name and address

Living Arrangement

Private Residence/Parent/Guardian
Homeless/Shelter
Jail/Corrections
Treatment
Children's Residential

Crisis Residence
Institutional Setting
Residential Care
Foster Home
Other

Race

White
Asian
Nat Hawaiian/Other Pacific Islander

Black or African American
American Indian/Alaskan Native
Not Available

Gender

Male Female
Transgender

Sexual Orientation

Marital Status

Single Married Separated Divorced
Widow/Widower

Emergency Contact

Relationship

Address

Phone Number

Emergency Contact

Relationship

Address

Phone Number

INSURANCE INFORMATION

Insurance: Medicaid Medicare Insurance number:

EDUCATION

If currently enrolled in school anytime in the past three months please provide highest level of grade completed

Name of School youth attends

Education History and Functional Impairments related to Education

CLINICAL CRITERIA

Diagnosis ICD 10 Code
Diagnosis ICD 10 Code
Diagnosis ICD 10 Code
Diagnosis ICD 10 Code

Has medication been considered for this youth? Yes No

Medications:

TREATMENT AND SERVICE HISTORY

Is individual currently receiving mental health treatment from a licensed mental health professional? Yes No

Name, Agency and Credentials of treating Mental Health Professional:

Name, Agency and Credentials of Primary Therapist (if different from above)

Name, Agency and Credentials of Primary Psychiatrist (if different from above)

Frequency of treatment provided to individual At least 1x a week At least 1x/2weeks At least 1x/month A least 1x/3months At least 1x/6months

Duration of current episode of treatment provided to individual

Less than 1 month Between 1 and 3 months 6 months or more

Number of Psych ER visits or admissions or other crisis episodes in the past 3 months 1 2+ N/A

Place of occurrence

Reason for occurrence

Is the currently client participating in any of the following Residential Treatment Center Day Hospital Setting Development Disability Services Inpatient Psychiatric Treatment Targeted Case Management

Is the youth transitioning from inpatient hospital stay or residential treatment setting to the community? Yes No

PSYCHIATRIC SYMPTOMS/RISK BEHAVIORS

Suicidal/Homicidal Threats or Attempts	In last 30 days	Comments
	1-12 months	
	Over 1 year	

Self Injurious Behaviors	In last 30 days	Comments
	1-12 months	
	Over 1 year	

Chronic Anger/ Aggression	In last 30 days	Comments
	1-12 months	
	Over 1 year	

Trauma Related Symptoms	In last 30 days	Comments
	1-12 months	
	Over 1 year	

Sexually Inappropriate Behaviors	In last 30 days	Comments
	1-12 months	
	Over 1 year	

Runaway Behaviors	In last 30 days	Comments
	1-12 months	
	Over 1 year	

CRIMINAL STATUS AND HISTORY

Currently on Probation or receiving DJS services?	Yes	Is there a Court Order for client attend PRP?	Yes
	No		No

Charges and
Comments

Probation/DJS
worker contact info

Is there a history of Criminal charges?	Yes	No
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Charges and
comments

Possession/Use of Weapons	In last 30 days	Comments
	1-12 months	
	Over 1 year	

Fire Setting	In last 30 days	Comments
	1-12 months	
	Over 1 year	

SUBSTANCE USE AND HISTORY

Describe Use/
History of use

MEDICAL DIAGNOSIS, CONDITIONS, AND NEEDS

Medical Conditions
(If known)

FUNCTIONAL CRITERIA

Within the past 3 months, the emotional disturbance has resulted in:

Clear, current threat to the youth's ability to be maintained in customary setting.

Comments

Evidence of emerging risk to the safety of youth or others.

Comments

Evidence of significant psychological or social impairments causing serious problems with peer relationships and/or family members

Comments

What evidence exists to show that the current intensity of outpatient treatment for this individual is insufficient to reduce the youth's symptoms and functional behavioral impairments?

Comments

How will PRP serve to help this youth get to age appropriate development, more independent functioning and independent living skills?

Comments

Consideration has been given to using peer supports and informal supports such as family. List attempts and outcomes of any efforts to serve individuals through these sources.

Comments

Functional Impairments can be safely addressed at the PRP level of care. List specific ways in which PRP services are expected to help this individual

Comments

AUTHORIZATION AND RELEASE OF INFORMATION

I understand that application for rehabilitation services is being made on behalf of me and I agree to this referral for services. I authorize this referring agency to release/exchange information to Channel Marker, Inc. for the purpose of facilitating the referral process. I understand the information exchanged may include diagnosis, evaluations, and progress reports.

In addition, I authorize Channel Marker, Inc. to release/exchange information to Treatment Provider (psychiatrist and therapist) and Emergency Contact for the purpose of facilitating the referral process. I understand I may revoke this consent by written request to Channel Marker, Inc.

Client Signature

Referring Provider

Credentials

Signature (must be actual written)

Referring Agency

Phone Number

Email address