Unleashing Potential, LLC

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PSYCHIATRIC REHABILITATION PROGRAM
REFERRAL FORM

REFERRAL SOURCE INFORMATION

Date of Referral: _____ Referring Agency: _____

Mental Health Professional: _____

Title and Credentials: _____

Phone: _____ Fax Number: _____

Email Address: _____

PARTICIPANT INFORMATION

Participant Name: _____ Gender: _____ Marital Status: _____

SSN: _____ DOB: _____ AGE: _____ RACE: _____

MA#: _____ Parent/Legal Guardian: _____

Full Address: _____

Primary Phone: _____ Alternate Phone: _____

Primary Care Physician: _____ Phone: _____

Employer/School: _____ Grade: _____

Address: _____ Phone: _____

Rehabilitation Services Needed:

- ❑ Activities of Daily Living (bathing)
- ❑ Anger/Temper/Conflict Resolution
- ❑ Assertiveness/Self-esteem
- ❑ Community Living
- ❑ Coping Skills
- ❑ Crisis Management
- ❑ Dietary/Food Preparation
- ❑ Family/Marriage
- ❑ Finances/Money Management
- ❑ Home Housing
- ❑ Independent Living Skills (chores)
- ❑ Legal Issues
- ❑ Leisure Skills/Hobbies
- ❑ Medication Compliance
- ❑ Physical Health
- ❑ Safety to Self/Others
- ❑ School Performance
- ❑ Sexual Issues
- ❑ Social Skills/Peer Interaction
- ❑ Substance Abuse Issues
- ❑ Trauma
- ❑ Vocational Skills
- ❑ Work/Job Performance
- ❑ Other

Recent Treatment:

Has the participant recently been discharged from a mental health facility or hospital? ❑ Yes ❑ No

(If yes, has the participant provided us with a copy of the discharge papers?) ❑ Yes ❑ No

Has the participant been arrested in the past 6 months? ❑ Yes ❑ No

(If yes, how many times? _____)

Is the participant a veteran? ❑ Yes ❑ No

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TO BE ELIGIBLE FOR PRP SERVICES, ADULTS MUST HAVE ONE OF THE FOLLOWING DIAGNOSIS:

DSM-5 Diagnosis	ICD-9 CODE	ICD-10 CODE	DSM-5 Diagnosis	ICD-9 CODE	ICD-10 CODE
Schizophrenia	295.90	F20.9	Bipolar I Disorder, Current or Most Recent Episode, Manic, Severe with Psychotic Features	296.44	F31.2
Schizophreniform Disorder	295.40	F20.81	Bipolar I Disorder, Current or Most Recent Episode, Depressed, Severe without Psychotic Features	296.53	F31.4
Schizoaffective Disorder, Bipolar Type	295.70	F25.0	Bipolar I Disorder, Current or Most Recent Episode, Depressed, Severe with Psychotic Features	296.54	F31.5
Schizoaffective Disorder, Depressive Type	295.70	F25.1	Bipolar I Disorder, Current or Most Recent Episode, Hypomanic	296.40	F31.0
Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	298.8	F28	Bipolar I Disorder, Current or Most Recent Episode, Hypomanic, Unspecified	296.40	F31.9
Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	298.9	F29	Bipolar I Disorder, Current or Most Recent Episode, Unspecified	296.7	F31.9
Delusional Disorder	297.1	F22	Bipolar II Disorder	296.89	F31.81
Major Depressive Disorder, Recurrent Episode, Severe without Psychotic Features	296.33	F33.2	Schizotypal Personality Disorder	301.22	F21
Major Depressive Disorder, Recurrent Episode, Severe with Psychotic Features	296.34	F33.3	Borderline Personality Disorder	301.83	F60.3
Bipolar I Disorder, Current or Most Recent Episode, Manic, Severe without Psychotic Features	296.43	F31.13			

Please indicate current DSM V diagnosis:

ICD 10 Code: _____ DSM V Code: _____

ICD 10 Code: _____ DSM V Code: _____

Diagnosis given by: _____ Date: _____

Medications (Please provide name and dosage amount)

Name	Dosage	Frequency

PLEASE FORWARD THE MOST RECENT ASSESSMENT AND/OR TREATMENT PLAN WHEN SENDING THIS REFERRAL.

Printed Name and Credentials: _____

Signature: _____ Date: _____