

Client Name: _____ Medical Assistance #: _____
SSN: _____ M or F Ethnicity: _____ DOB: _____ Age: _____
Address: _____ City: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Name of Agency/ Facility: _____ Phone #: _____

Priority Population Diagnoses (Adults must have one of the following):

- | | |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 295.90/F20.9 Schizophrenia | <input type="checkbox"/> 296.53/F31.4 Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe |
| <input type="checkbox"/> 295.40/F20.81 Schizophreniform Disorder | <input type="checkbox"/> 296.54/F31.5 Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features |
| <input type="checkbox"/> 295.70/F25.0 Schizoaffective Disorder, Bipolar Type | <input type="checkbox"/> 296.40/F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic |
| <input type="checkbox"/> 295.70/F25.1 Schizoaffective Disorder, Depressive Type | <input type="checkbox"/> 296.40/F31.9 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified |
| <input type="checkbox"/> 298.8/F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder | <input type="checkbox"/> 296.7/F31.9 Bipolar I Disorder, Current or Most Recent Episode Unspecified |
| <input type="checkbox"/> 298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder | <input type="checkbox"/> 296.80/F31.9 Unspecified Bipolar and Related |
| <input type="checkbox"/> 297.1/F22 Delusional Disorder | <input type="checkbox"/> 296.89/F31.81 Bipolar II Disorder |
| <input type="checkbox"/> 296.33/F33.2 Major Depressive Disorder, Recurrent Episode, Severe | <input type="checkbox"/> 301.22/F21 Schizotypal Personality Disorder |
| <input type="checkbox"/> 296.34/F33.3 Major Depressive Disorder, Recurrent With Psychotic Features | <input type="checkbox"/> 301.83/F60.3 Borderline Personality Disorder |
| <input type="checkbox"/> 296.43/F31.13 Bipolar I Disorder, Current or Most Recent Episode Manic, Severe | |
| <input type="checkbox"/> 296.44/F31.2 Bipolar I Disorder, Current or Most | |

REASON FOR REFERRAL (check all that apply):

- | | |
|------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Behavior/Conduct Challenges | <input type="checkbox"/> Physical/Emotional Abuse |
| <input type="checkbox"/> Emotional/Mental Illness | <input type="checkbox"/> Relational Conflicts |
| <input type="checkbox"/> Employment Instability | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Financial Instability | <input type="checkbox"/> Social/Interpersonal Challenges |
| <input type="checkbox"/> Legal/Incarceration | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Medication Mismanagement | <input type="checkbox"/> Suicidal/Homicidal |

PRP SERVICES REQUESTED (check all that apply):

- | | |
|---------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Adaptive Resources | <input type="checkbox"/> Promotion of Wellness, Self-Management & Recovery |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Recovery Challenges |
| <input type="checkbox"/> Dangerous Behaviors | <input type="checkbox"/> Psychiatric Inpatient/Detention Center Support |
| <input type="checkbox"/> Education-/Vocational Training | <input type="checkbox"/> Self-Care Skills |
| <input type="checkbox"/> Health Promotion | <input type="checkbox"/> Social Relationships & Leisure Activities |
| <input type="checkbox"/> Independent Living Skills | <input type="checkbox"/> Social Skills |

Please complete licensed referring clinician information below:

Licensed Referring Clinician: _____ Date: _____ Phone #: _____
(Print Name)

Licensed Referring Clinician Signature: _____ → Credentials: _____