

**REFERRAL TO: BEHAVIORAL HEALTH & LEADERSHIP DYNAMICS, LLC (BHLD)
PSYCHIATRIC REHABILITATION PROGRAM (PRP) -ADULTS**

5209 York Road, Baltimore, MD 21212

Phone: 443-438-8082

Save Form, Digitally Sign and Send to Contact@secure.bhld.com or FAX TO: 410-630-1021

CLIENT INFORMATION			
Please enter "n/a" for any question that does not apply to the client			
Client's Name:	Alias Names:	Parent/ Guardian Name:	
Gender: M F	Gender Description (Optional)	Race:	
DOB:	SSN:	Medicaid/Insurance #:	
		Effective Dates	
Partner or Marital Status: Single Married Partnered Divorced N/A Separated Widowed		Name of Spouse:	Phone:
		Name of Partner:	Phone:
Street Address:		Home Phone:	
City, State Zip		Cell Phone:	
Best Times to Contact Client / Parent or Guardian: Days Hours		Email:	

REFERRING PROVIDER/AGENCY INFORMATION			
Provider Agency		Name of Provider	
Address of Agency:		Licensure of Provider	
City, State, Zip		Is Provider willing to review and give input into the PRP Rehabilitation Plan? Yes No	
Phone:	Fax:		
Date Referral Form Submitted to BHLD:		Client Release of Information Form Signed/Attached: Yes No	
Digitally Sign this form on the last page		Best Times to Contact Provider:	
		Days Hours	

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REASON FOR REFERRAL TO BHLD'S PRP:

BHLD PRP may provide a mix of onsite and offsite services depending upon client needs and preferences.

EMERGENCY CONTACT INFORMATION				
Name	Relationship	Phone	Email	Address

RISK/DANGEROUSNESS TO SELF OR OTHERS AND CRIMINAL BACKGROUND			
(Check all that apply)			
Suicidal Behavior:	Denies	History	Current - Specify
Aggressiveness:	Denies	History	Current - Specify
Substance Abuse:	Denies	History	Current - Specify
Physical or Sexual Abuse (Perpetrator)	Denies	History	Current - Specify
Criminal/Legal	Denies	History	Current - Specify
Currently on Parole/Probation	No	Yes, Specify Reason	

CURRENT MENTAL HEALTH OR SUBSTANCE ABUSE TREATMENT/SERVICES		
(please list <u>Current</u> treatment only)		
Outpatient Mental Health Counseling / Psychotherapy:	If Yes, Approximate Date of First Counseling Session	Is Client Actively Participating in Counseling?
Yes No		Yes No
First Treatment	Approximate Date of Admission	Name of Facility and State Located
Second Treatment	Approximate Date of Admission	Name of Facility and State Located
Comments:		

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HOUSING INFORMATION:				
Client's Housing	Apt.	Private Home	Residential Housing	Other:
Client Lives in the Residence of:	Significant Other /Partner Parent/Family	Neighbor(s) Friend(s)	Alone Other:	

VOCATIONAL /EMPLOYMENT / NEEDS				
Highest Level of Education		Veteran		
		No	Yes, Branch of Service	
Employment Status				
Student	Employed Full Time	Employed Part Time	Irregular/ Contractual	Unemployed
If Employment, Duration of Employment				
If unemployed or employed irregularly, is client willing to work?		Needs Job Readiness skills:		Yes No Maybe
		Needs Coping Skills		Yes No Maybe
		Needs Vocational Skills / Additional Education:		Yes No Maybe
		Needs Symptom Management:		Yes No Maybe
N/A	Yes	No		
Could Benefit from animal-assisted support services			Yes	No Maybe

FUNCTIONAL LIMITATIONS		
Client needs support in some of the areas below to function in the community.	Yes	No
Inability to maintain Independent Employment		
Social behavior that results in interventions by the mental health system		
Inability, due to cognitive disorganization, to procure financial assistance to support living in the community		
Severe inability to establish or maintain a personal support system		
Need for assistance with basic living skills		

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PRIORITY POPULATION DIAGNOSES AND ADMITTING CRITERIA		
Check the Appropriate Diagnoses and ICD-9 and ICD-10 Diagnoses Codes		
Check Applicable Diagnosis & Code	DSM-5 Diagnoses	ICD-9 and ICD-10 Diagnoses Codes
	Schizophrenia	295.90/ F20.9
	Schizophreniform Disorder	295.40/F20.81
	Schizoaffective Disorder, Bipolar Type	295.70/F25.0
	Schizoaffective Disorder, Depressive Type	295.70/F25.1
	Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	298.8/F28
	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	298.9/F29
	Delusional Disorder	297.1/F22
	Major Depressive Disorder, Recurrent Episode, Severe	296.33/F33.2
	Major Depressive Disorder, Recurrent Episode, with Psychotic Features	296.34/F33.3
	Bipolar I Disorder, Current or Most Recent Episode Manic, Severe	296.43/F31.13
	Bipolar I Disorder, Current or Most Recent Episode Manic, with Psychotic Features	296.44/F31.2
	Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe	296.53/F31.4
	Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features	296.54/F31.5
	Bipolar I Disorder, Current or Most Recent Episode Hypomanic	296.40/F31.0
	Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified	296.40/F31.9
	Bipolar I Disorder, Current or Most Recent Episode, Unspecified	296.7/F31.9
	Unspecified Bipolar and Related Disorder	296.80/F31.9
	Bipolar II Disorder	296.89/F31.81
	Schizotypal Personality Disorder	301.22/F21
	Borderline Personality Disorder	301.83/F60.3

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MEDICAL INFORMATION

(List significant medical problems including seizure disorders)

Check box if client has no medical concerns at this time

List Medical Diagnosis/Health Concern & Date of Onset

MEDICATIONS PRESCRIBED:

Check box if client does not take any meds at this time

Medication/ Date Prescribed

Purpose

Comments / Other Prescriptions

Additional Comments:

Signature of Licensed Mental Health Professional and Credentials

Date