REFERRAL TO: BEHAVIORAL HEALTH & LEADERSHIP DYNAMICS, LLC (BHLD)
PSYCHIATRIC REHABILITATON PROGRAM (PRP) - MINORS
5209 York Road, Baltimore, MD 21212 Phone: 443-438-8082
Save Form, Digitally Sign and Send to Contact@secure.bhcld.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)	Parent/Guardian Phone:
		Race:
DOB:	SSN:	Medical Insurance #
Street Address:		Effective Date
City, State Zip:		Home Phone:
Email:		Cell Phone:

Partner or Marital Status:

☐ Single ☐ Married ☐ Partnered ☐ Divorced ☐ Separated ☐ Widowed ☐ N/A

REFERRING PROVIDER/AGENCY INFORMATION

Provider Agency	Name of Provider
Address of Agency:	Licensure of Provider
City, State, Zip	Is Provider willing to collaborate with PRP ☐ Yes ☐ No
Phone: / Fax:	

Digitally Sign this form on the last page

REASON FOR REFERRAL TO BHLD'S PRP

(Check all that apply. Use Other box as needed for reasons not listed

- ☐ Housing
- ☐ Coping Skills
- ☐ Relationship/Social Skills
- ☐ Other:
- ☐ Entitlements
- ☐ Relapse Prevention
- ☐ Job Development

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

Could Client benefit from Animal-Assisted Support Services? ☐ Yes ☐ No ☐ Maybe

Copyright © 2018, Behavioral Health & Leadership Dynamics, LLC (BHLD)

CURRENT MENTAL HEALTH TREATMENT/SERVICES

(please list Current treatment only)

Outpatient Mental Health Counseling / Psychotherapy:	**Is Client an active participant?**
☐ Yes ☐ No	☐ Yes ☐ No

PRIORITY POPULATION DIAGNOSES AND ADMITTING CRITERIA

Enter the Appropriate Diagnoses and ICD-9 Diagnoses Codes

DSM-5 Diagnoses	***ICD-9 Diagnoses Codes***

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

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

Use this space to address the client's medical concerns, other information, or comments:

Signature of Licensed Mental Health Professional and Credentials	Date

Copyright © 2018, Behavioral Health & Leadership Dynamics, LLC (BHLD)