

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: <div style="display: flex; justify-content: space-around;"> M F </div>	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: <div style="display: flex; justify-content: space-around;"> Single Married Partnered Divorced Separated Widowed N/A </div>		

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 <div style="display: flex; justify-content: space-around;"> Yes No </div>	
Phone:		
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	Entitlements
Coping Skills	Relapse Prevention
Relationship/Social Skills	Job Development
Other:	
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? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No Maybe </div>	

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

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
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