

Synergy Mental Health, LLC

Referral Form for Adult PRP ("Community Support")

Phone: 410-272-5913

Fax: 410-272-5923

37 N Philadelphia blvd, Aberdeen, MD 21001

Phone: 410-339-5490

Fax: 443-519-5603

205 E Joppa Rd, suite 106, Towson, MD 21286

Date: _____ Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

MA#: _____ (Medicare/uninsured GZ no longer accepted)

SS#: _____ DOB: _____ In Therapy? Yes No Provider: _____

PRP eligibility is restricted to the following **DSM V/ ICD-10** diagnoses: 295.40/F20.81; 295.70/F25.0; 295.70/F25.1; 295.90/F20.9; 298.8/F28; 298.9/F29; 297.1/F22; 296.33/F33.2; 296.34/F33.3; 296.40/F31.0; 296.40/F31.9; 296.43/F31.13; 296.44/F31.2; 296.53/F31.4; 296.54/F31.5; 296.7/F31.9; 296.80/F31.9; 296.89/F31.81; 301.22/F21; 301.83/F60.3

Primary Behavioral Diagnosis: _____ Code: _____

Somatic Diagnoses: _____

Social/Environmental Factors: _____

Assessment: GAF: _____ Other: _____

Marital _____ Race _____ Education _____ Veteran? Yes No Recent arrests? Yes No

I, the current treating mental health professional, confirm that medical necessity criteria are evident for my client to qualify for Psychiatric Rehabilitation Program (PRP) services . This client will benefit from this level of care and wishes to participate of their own volition. Without the added services of the PRP, this client may not reach their full restorative level of functioning.

Reason for PRP referral:

Self-Care Skills: Grooming () Personal Hygiene () Nutrition () Food preparation () Medications ()
Physical Health () Exercise () Recovery () Wellness ()
Other self-care problems: _____

Social Skills: Communication () Peer supports () Family () Community resources ()
Activities and Leisure ()
Other social problems: _____

Independent Living Skills: Home Maintenance () Finances () Transportation () Entitlements () Community Awareness and Safety ()
Employment () Adult Education () Shopping ()
Other living skills: _____

Signature and credentials: _____ Date: _____

Printed _____