THE Southern Maryland Community NETWORK

Champions of Behavioral Health

www.somdnetwork.org

Referral Application for Adult Services

PLEASE FAX BOTH PAGES TO THE OFFICE SERVING THE INDIVIDUAL'S COUNTY OF RESIDENCE

CALVERT COUNTY
305 Prince Frederick Blvd.
Prince Frederick, MD 20678
(410) 535-4787 Office
(410) 535-4965 Fax

ST. MARY'S COUNTY
41900 Fenwick Street, Suite 5
Leonardtown, MD 20659
(301) 475-9315 Office
(301) 475-9317 Fax

CHARLES COUNTY
2670 Crain Highway, Suite 505
Waldorf, MD 20601
(301) 932-9146 Office
(301) 932-9361 Fax

For **PRP ELIGIBILITY** *ADULTS* MUST HAVE ONE OF THE FOLLOWING DIAGNOSES. If this is a PRP Referral please check the correct diagnosis. Also send with this referral verification of diagnosis signed by a Licensed Mental Health Practitioner. The diagnosis should also be indicated on the second page following the **DSM V** Diagnosis Code prompt.

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

Psychiatric Rehabilitation or Case Management Services Needed:

☐ Activities of Daily Living	☐ Social Skills	☐ Vocational Assistance
☐ Anger/Temper/Conflict Resolution	☐ Dietary/Food Preparation	☐ Leisure Skills
☐ Assertiveness/Self-esteem	☐ Crisis Management Skills	☐ Money Management
☐ Community Activity	☐ Physical Health	☐ Medication Compliance Skills
☐ Family/Natural Supports	☐ Substance Abuse Issues	☐ Self Care Skills
☐ Finances	☐ Coping Skills	☐ _____
☐ Home/Housing	☐ Benefits/Social Services	☐ _____

History of Problems, i.e. hospitalizations, risk-taking behaviors, suicidal/homicidal ideations/behaviors, etc.:

_____

_____

_____

_____

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A recent Psychiatric Evaluation should accompany this referral before it can be processed, documenting the current DSM-5, ICD-10 codes within our priority population.

Date of Application:_____

Name: _____ Age:_____ Date of Birth:_____ Sex: ☐M ☐F

Social Security#:_____ **DSM V** diagnosis code:_____ GAF:_____

Address:_____ County of Residence:_____

City/State/Zip:_____ Phone:_____

Psychiatrist:_____ Phone:_____

Address:_____ City/State/Zip:_____

Therapist:_____ Phone:_____

Address:_____ City/State/Zip:_____

REFERRAL SOURCE:

Name:_____ Title:_____

Organization:_____ Phone:_____

Address:_____ City/State/Zip:_____

FINANCIAL STATUS:

Medical Assistance M.A.#_____ Medicare M.C. #_____

Other Insurance Policy#_____

SSI☐ SSDI☐ Earned Income☐ Source:_____

Other Benefits_____

I hereby request the following services:

☐Psychiatric Rehabilitation Services ☐Targeted Case Management Services

_____ _____

Applicant's Signature Date

_____ _____

Referral Source's Signature Date

The above individual is being referred for Assessment and Community Rehabilitation Services.

I do ☐ or do not ☐ feel this person is appropriate for Psychiatric Rehabilitation Services.

_____ _____

Psychiatrist or Therapist Signature Date

Revised: 04/14/2020