



**ROYAL MINDS**  
REHABILITATION SERVICES  
...We Walk With You

# Royal Minds Rehabilitation Services

3719 E. Baltimore St., Baltimore MD 21224

Tel: 410-943-2424 Fax: 410-943-2323

## PRP Referral Form

*Please complete both pages of this form, sign and date, and email to [info@royalmindsrehab.com](mailto:info@royalmindsrehab.com) or fax to 410-943-2323*

Date: \_\_\_\_\_ Consumer Name: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work/Mobile): \_\_\_\_\_

Physical Description: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Emergency Contact (Relationship to Consumer): \_\_\_\_\_

Contact's Phone (Home): \_\_\_\_\_ (Work/Mobile): \_\_\_\_\_ Support for Client? Yes No

### Current consumer status (please indicate to assist in the prioritization of referrals):

- Inpatient- projected release date: \_\_\_\_\_
- Partial Hospitalization- projected release date: \_\_\_\_\_
- Crisis Bed/Other crisis facility- projected release date: \_\_\_\_\_
- Outpatient
- Date of most recent inpatient discharge: \_\_\_\_\_
- Other: \_\_\_\_\_

### DSM 5 Behavioral Diagnoses:

### Code(s)

Priority Pop. DSM-5 / ICD-10 Behavioral Diagnosis: (Client must have one of the following diagnoses as primary to qualify for PRP services)

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

Additional Behavioral Health Diagnosis: \_\_\_\_\_

Primary Medical Diagnosis: \_\_\_\_\_

**Social Elements Impacting Diagnosis: (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> None   | <input type="checkbox"/> Occupational problems                         |
| <input type="checkbox"/> Problems with access to health care services         | <input type="checkbox"/> Homelessness                                  |
| <input type="checkbox"/> Housing problems (Not Homelessness)                  | <input type="checkbox"/> Financial problems                            |
| <input type="checkbox"/> Problems related to social environment               | <input type="checkbox"/> Problems with primary support group           |
| <input type="checkbox"/> Educational problems                                 | <input type="checkbox"/> Other psychosocial and environmental problems |
| <input type="checkbox"/> Problems related to interaction w/legal system/crime | <input type="checkbox"/> Unknown                                       |

Functional Assessment: \_\_\_\_\_

Definition of Problem Areas (Current Symptoms): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason(s) for seeking treatment (check all that apply):**

- Linkage to community resources/community integration
- Facilitating transition from more intensive services
- Prevention/reduction of hospitalization or rehospitalization
- Coordination of current community services
- Other: \_\_\_\_\_

Risk for Aggressive Behaviors, Suicide, or Homicide: (explain): \_\_\_\_\_

\_\_\_\_\_

**Entitlement Information:**

SSI monthly: \$ \_\_\_\_\_ Date Active: \_\_\_\_\_

SSDI monthly: \$ \_\_\_\_\_ Date Active: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Date Applied / Active \_\_\_\_\_

Other Income/Insurance: \_\_\_\_\_

**If consumer does NOT have medical assistance/Medicaid, he or she must meet one or more of the following criteria to qualify for services through Uninsured Eligibility Coverage:**

- Currently homeless or at risk for homelessness
- Has had an inpatient hospitalization within the last three (3) months
- Has been incarcerated within the last three (3) months

**Upon the clinician's signature below, the client being referred is appropriate for psychiatric rehabilitation program services provided by Royal Minds Rehabilitation Services. This referral must be signed by a physician, nurse practitioner, or independently licensed clinician (LCSW-C or LCPC.)**

I, \_\_\_\_\_, refer \_\_\_\_\_

(Clinician's Signature)

(Print Consumer's Name)

\_\_\_\_\_  
(Print Clinician's Name and Credentials)

\_\_\_\_\_  
(Clinician's Phone Number)