Reset Form

BRYSON HEALTHCARE SERVICES, INC.
5310 Old Court Rd., Ste. 205, Randallstown, MD 21133
Phone: 410-496-6630 | Fax: 410-496-6631

REFERRAL FOR ADULT PRP SERVICES

☐ **On-Site PRP-** *(PRP Services will be provided only in our facility)*
☐ **Off-Site PRP-** *(PRP Services will be provided outside our facility - in the community, client's home, etc)*
☐ **On-Site & Off-Site PRP-** *(PRP Services will be provided in our facility & anywhere else in the community, including client's home.)*

Client Name: _____ **DOB:** _____ **SSN:** _____

Marital Status: _____ **Race:** _____ **Gender:** _____ **Highest Level of Education:** _____

Address: _____ **Phone:** _____

Veteran Status: ☐ Yes ☐ No. If "Yes", which war? ☐ Iraq ☐ Afghanistan ☐ Other (please specify _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Unemployed ☐ Looking for a job? ☐ Not looking for a job ☐ Unable to work due to: _____
If "Unemployed", is client

AXIS I

☐ Schizophrenia 295.90 / F20.9
☐ Schizophreniform Disorder 295.40 / F20.81
☐ Schizoaffective Disorder, Bipolar Type 295.70 / F25.0
☐ Schizoaffective Disorder, Depressed Type 295.70 / F25.1
☐ Other Specified Schizophrenia Spectrum & Other Psychotic Disorder 298.8 / F28
☐ Unspecified Schizophrenia Spectrum & Other Psychotic Disorder 298.9 / F29
☐ Delusional Disorder 297.1 / F22
☐ Generalized Anxiety Disorder 300.02 / F41.1
☐ Major Depressive Disorder, Recurrent Episode, Severe 296.33 / F33.2
☐ Major Depressive Disorder, Recurrent, With Psychotic Features 296.34 / F33.3

☐ Bipolar I Disorder, Current or Most Recent Episode Manic, Severe 296.43 / F31.13
☐ Bipolar I Disorder, Current or Most Recent Episode Manic, W/Psychotic Features 296.44 / F31.2
☐ Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe 296.53 / F31.4
☐ Bipolar I Disorder, Most Recent Episode Depressed w/Psychotic Features 296.54 / F31.5
☐ Bipolar I Disorder, Current or Most Recent Episode Hypomanic 296.40 / F31.0
☐ Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspec. 296.40 / F31.9
☐ Bipolar I Disorder, Current or Most Recent Episode Unspecified 296.7 / F31.9
☐ Unspecified Bipolar and Related Disorder 296.80 / F31.9
☐ Bipolar II Disorder 296.89 / F31.81

AXIS II

☐ Schizotypal Personality Disorder 301.22 / F21
☐ Borderline Personality Disorder 301.83 / F60.3

CURRENT SYMPTOMS / MENTAL HEALTH STATUS

Risk for aggressive behavior, suicidal, or homicidal ideations? ☐ Yes ☐ No
Family History of mental illness or trauma? ☐ Yes, please describe below ☐ No

CURRENT MEDICATIONS

Name of Medications	Dosage	Somatic or Psych.

Please attach a sheet of paper if additional space is needed

IN-PATIENT PSYCHIATRIC TREATMENT HISTORY

Hospital Name	Admission Date	Discharge Date

Please attach a sheet of paper if additional space is needed

PRESENTING PROBLEMS/REASON FOR REFERRAL: (Please select up to 5 areas)

☐ ADLs / Self-Care Skills
☐ Therapy/appointment Compliance
☐ Medications Compliance
☐ Coping Skills/Symptoms Mgmt.
☐ Social Skills /Community Integration
☐ Housing Needs
☐ Safety Concerns in the Community
☐ Vocational Skills Limitations
☐ Cognitive Difficulties
☐ Substance Use Concerns /Relapse Prevention
☐ Poor/Severely impaired life skills
☐ Trust issues and better perception of self
☐ Tends to isolate self
☐ Limited social support
☐ Independent Living Skills (*money mgmt., mobility/transportation, entitlements, resources*)
☐ Impulse Control Concerns
☐ Need for Higher Level of Mental Health Care
☐ Other *(please specify,* _____

Name & Credentials of Licensed Referring Clinician: _____

Name of Agency / Facility: _____

Address: _____ **Phone:** _____

Signature of Licensed Referring Clinician: _____ **Date:** _____