



A VILLAGE WELLNESS  
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## PRP Referral Form

If you have any questions regarding this form, please contact [pross@avillagewc.com](mailto:pross@avillagewc.com).

Initial Referral

Concurrent Referral

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

DOB \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ SS# \_\_\_\_\_ MA# \_\_\_\_\_

Marital Status: \_\_\_\_\_

Highest Level of School Completed: \_\_\_\_\_

Veteran: Yes / No

Recent Arrest? Yes No

Minor Parent/Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

**PRP eligibility is restricted to the following ICD-10 diagnoses for Adults (Minors can have any diagnosis). Please check all qualifying diagnoses:**

F20.0: Paranoid Schizophrenia	F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
F20.1: Disorganized Schizophrenia	F31.0: Bipolar I Disorder, Current or Most Recent Episode Hypomanic
F20.2: Catatonic Schizophrenia	F31.13: Bipolar I Disorder, Current or Most Recent Episode Manic, Severe
F20.3 Undifferentiated Schizophrenia	F31.2: Bipolar I Disorder, Current or Most Recent Episode Manic, With Psychotic Features
F20.5 Residual schizophrenia	F31.4: Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe
F20.81: Schizophreniform Disorder	F31.5: Bipolar I Disorder, Current or Most Recent Episode Depressed, With Psychotic Features



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F20.89: Other Schizophrenia	F31.63 Bipolar I Disorder, Mixed, Severe, Without Psychotic Features
F20.9: Schizophrenia	F31.64 Bipolar I Disorder, Mixed, Severe With Psychotic Features
F22 Delusional Disorders	F31.81: Bipolar II Disorder
F25.0: Schizoaffective Disorder, Bipolar Type	F31.9: Bipolar I Disorder, Unspecified
F25.1: Schizoaffective Disorder, Depressive Type	F33.2: Major Depressive Disorder, Recurrent Episode, Severe
F25.8: Other Schizoaffective Disorders	F33.3: Major Depressive Disorder, Recurrent Episode, With Psychotic Features
F25.9 Schizoaffective Disorder, unspecified	F60.3: Borderline Personality Disorder
F28: Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	
Other (for Minors only):	

**Reason for PRP Referral (Clinical, please identify specifics):**

Anxiety	Impulsivity	Unwanted Thoughts
Hyperactivity	Paranoia	Agitated Depression
Fatigue	Guilt	Agitation
Hopelessness	Manic Episode	Delusion
General Discontent	Elevated Mood	Suicidal Ideation
Disorganized Behavior	Restlessness	Slowness in Activity
Irritability	Excessive Sleepiness	Mood Swings
Crying Fits	Anger Outbursts	Hallucinations
Fight or Flight	Self-Isolation	Grieving
Personality Shift	Focus Problems	Concentration Issues
Other:		

**History of Presenting Problem:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication List:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Please identify client concerns or services. Check all that apply:					
<input type="checkbox"/>	Daily Living Activities	<input type="checkbox"/>	School Performance	<input type="checkbox"/>	Work/Job Performance
<input type="checkbox"/>	Anger/Temper/Conflict Resolution	<input type="checkbox"/>	Sexual Issues	<input type="checkbox"/>	Legal Issues (# of arrests)
<input type="checkbox"/>	Assertiveness /Self-Esteem	<input type="checkbox"/>	Social Skills/Peer Interaction	<input type="checkbox"/>	Financial Management
<input type="checkbox"/>	Community Activity	<input type="checkbox"/>	Substance Abuse Issues	<input type="checkbox"/>	Dietary/Food Preparation
<input type="checkbox"/>	Family/Natural Supports	<input type="checkbox"/>	Coping Skills	<input type="checkbox"/>	Crisis Management
<input type="checkbox"/>	Finances	<input type="checkbox"/>	Trauma	<input type="checkbox"/>	Physical Health
<input type="checkbox"/>	Home/Housing	<input type="checkbox"/>	Medication Compliance Skills	<input type="checkbox"/>	Other
<input type="checkbox"/>	Self-Care Skills	<input type="checkbox"/>	Vocation Skills	<input type="checkbox"/>	
<input type="checkbox"/>	Safety Concerns for Self or Others	<input type="checkbox"/>	Leisure Skills	<input type="checkbox"/>	

**SUBSTANCE ABUSE HISTORY:**

IS THERE A HISTORY OF SUBSTANCE ABUSE?  YES  NO

INVOLVED IN SUBSTANCE ABUSE TREATMENT?  YES  NO

IF YES, PLEASE CONFIRM THE PRIMARY SUBSTANCE USED \_\_\_\_\_

DATE LAST USED \_\_\_\_\_



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**FUNCTIONAL CRITERIA** (Select THREE criteria and please explain how the primary mental health diagnosis hinders client's ability to perform or complete selected criteria):

- Marked inability to establish or maintain competitive employment
  
- Marked inability to perform instrumental activities of daily living (E.G. SHOPPING, MEAL PREPARATION, LAUNDRY, BASIC HOUSEKEEPING, MEDICATION MANAGEMENT, TRANSPORTATION AND MONEY MANAGEMENT)
  
- Marked inability to establish a personal support system
  
- Deficiencies of concentration/persistence/pace leading to failure to complete tasks
  
- Unable to perform self-care (hygiene, grooming, nutrition, medical care, safety)
  
- Marked deficiencies in self-direction, shown by inability to plan, initiate, organize, and carry out goal-directed activities
  
- Marked inability to procure financial assistance to support community living



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**DURATION OF IMPAIRMENTS:**

HAS THE CLIENT'S MARKED FUNCTIONAL IMPAIRMENT BEEN PRESENT FOR LESS THAN 2 YEARS?

- YES  
 NO

IF YES, DOES THE PARTICIPANT HAVE A NEW ONSET (WITHIN PAST 6 MONTHS, CATEGORY A DX)?

- YES  
 NO

**PLEASE INDICATE HOW PRP WILL BENEFIT THIS CLIENT:**

EXAMPLE NARRATIVE: *CLIENT IS EXPERIENCING INCREASED SYMPTOMS RELATED TO THEIR PTSD (FLASHBACKS, HYPERVIGILANCE, AND AVOIDANCE) AND HAS BEEN ISOLATING THEMSELVES IN THEIR APARTMENT. CLIENT IS EXPERIENCING CRYING SPELLS AND PANIC ATTACKS MULTIPLE TIMES A WEEK. CLIENT HAS MINIMAL TO NO SOCIALIZATION AT THE CURRENT TIME AND WOULD BENEFIT FROM PRP TO INCREASE THEIR SOCIAL OUTLETS. PRP COULD ASSIST IN AIDING THEM IN SOCIALIZATION SKILLS AND COPING SKILLS TO DEAL WITH CURRENT STRESSORS.*

PLEASE WRITE YOUR NARRATIVE HERE:

**ADDITIONAL QUESTIONS (please circle or highlight your answer):**

1. HAS THE CLIENT BEEN FOUND NOT COMPETENT TO STAND TRIAL OR NOT CRIMINALLY RESPONSIBLE AND IS RECEIVING SERVICES RECOMMENDED BY A MARYLAND DEPARTMENT OF HEALTH EVALUATOR?

- YES  
 NO



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2. IS THE CLIENT IN A MARYLAND STATE PSYCHIATRIC FACILITY WITH A LENGTH OF STAY OF MORE THAN 3 MONTHS WHO REQUIRES RRP UPON DISCHARGE?

YES

NO

3. IS THE PRIMARY REASON FOR IMPAIRMENT DUE TO THE FOLLOWING: ORGANIC PROCESS OR SYNDROME: INTELLECTUAL DISABILITY, NEURODEVELOPMENTAL DISORDER OR NEUROCOGNITIVE DISORDER?

YES

NO

**PRP WORKER SAFETY:**

IS IT RECOMMENDED THAT CONSUMER BE SEEN AT THE CLINIC INSTEAD OF THE HOME DUE TO SAFETY? IF SELECTED, EXPLAIN:

**Printed Name & Credentials:** \_\_\_\_\_

**Medical Practitioner/Therapist Signature:** \_\_\_\_\_

**Agency & Address:**