



Psychiatric Rehabilitation Program (PRP) Referral Form – Adults

Please fax the referral to 240-614-7912 or email it to fisher@lead4lifeinc.org.

Referral date 4/19/18 How did you hear about PRP? Thomas Brock, L4L Client

Client's Name Wellford Harrison

Date of birth 3/22/1946 Gender M Race/Ethnicity Caucasian

Address _____

Phone 240-401-8735 Email _____

Medical assistance number MS00476697

Reason for Referral (Select all that apply)

- Health Practices Housing Stability, Maintenance Communication Safety
- Managing Time Managing Money Nutrition Problem Solving Family Relationships
- Alcohol/Drug Use Leisure Community Resources Social Network Sexuality
- Productivity Coping Skills Behavior Norms Personal Hygiene Grooming Dress

ICD – 10 Code(s) F33.3 Major Depressive DO, Recurrent w/ psychotic symptoms

Current symptoms experiencing sadness, loneliness, anxiety, isolated from family

Explain why outpatient treatment is not sufficient _____

Client needs extended PRP support system

Medical necessity criteria

The impairment results in at least one of the following:

- A clear, current threat to the participant's ability to live in his/her customary setting
- An inability to be employed or attend school without support
- An inability to manage the effects of his/her mental illness
- The participant's condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the participant's recovery.
- The participant must be concurrently engaged in outpatient mental health treatment.
- The participant does not require a more intensive level of care.
- All less intensive levels of treatment have been determined to be unsafe or unsuccessful.

Reason for referral (narrative) Client needs an extended support system due to isolation from his family of origin and termination from long-term therapist. He will benefit from relocation options/housing, managing money and family relationships. Community resources and social networking will also be beneficial.

Therapist's Name Nellycan Dendy Credentials LCPC-S
Phone number 615-594-1650 Email dendy@takomaparkcounseling.com
Address 15825 Shady Grove, Rockville, MD
Therapist's signature Nellycan Dendy, LCPC