BACHS Healthcare P.R.P. Referral Form

Baltimore Area Community Health Services LLC
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Name _____ Date _____ Sex (M)/(F)/(O) Gender _____ Pronouns _____

Address _____ City _____ State _____ ZIP _____

Phone # _____ DOB _____ SS# _____ Race _____ Ins Co _____

MA# _____ Relationship Status (S)/(M)/(D)/(P)/(W) Education _____ Veteran? (Y)(N)

Recent Incarceration? (Y)(N) Minor (Y)(N)? Parent/Guardian Name _____

Emergency Contact _____ Relationship _____ Phone # _____

Address _____ City _____ State _____ ZIP _____

ADULT REFERRAL SECTION (See below for Minor Referral Section)

PRP eligibility is restricted to the following **ICD-10 diagnoses for Adults (for Minors, see section below)**. Please check all qualifying diagnoses:

- ☐ **F20.0 Paranoid Schizophrenia**
- ☐ **F20.1 Disorganized Schizophrenia**
- ☐ **F20.2 Catatonic Schizophrenia**
- ☐ **F20.3 Undifferentiated schizophrenia**
- ☐ **F20.5 Residual schizophrenia**
- ☐ **F20.81 Schizophreniform Disorder**
- ☐ **F20.89 Other schizophrenia**
- ☐ **F20.9 Schizophrenia, unspecified**
- ☐ **F22 Delusional Disorders**
- ☐ **F25.0 Schizoaffective Disorder, Bipolar Type**
- ☐ **F25.1 Schizoaffective Disorder, Depressive Type**
- ☐ **F25.8 Other Schizoaffective Disorders**
- ☐ **F25.9 Schizoaffective Disorder, unspecified**
- ☐ **F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder**
- ☐ **F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder**
- ☐ **F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic**
- ☐ **F31.13 Bipolar I Disorder, Current or Most Recent Episode Manic, Severe**
- ☐ **F31.2 Bipolar I Disorder, Current or Most Recent Episode Manic, With Psychotic Features***
- ☐ **F31.4 Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe**
- ☐ **F31.5 Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features***
- ☐ **F31.63 Bipolar I Disorder, Mixed, Severe, Without Psychotic Features**
- ☐ **F31.64 Bipolar I Disorder, Mixed, Severe With Psychotic Features ***
- ☐ **F31.81 Bipolar II Disorder**
- ☐ **F31.9 Bipolar I Disorder, Unspecified**
- ☐ **F33.2 Major Depressive Disorder, Recurrent Episode, Severe**
- ☐ **F33.3 Major Depressive Disorder, Recurrent Episode, With Psychotic Features***
- ☐ **F60.3 Borderline Personality Disorder**

***If psychosis noted as DX**
◯ Auditory ◯ Visual

(Providers must select a minimum of 3 out of the 7 questions below):

1. Does the client struggle with obtaining/maintaining employment?

Please indicate what is the diagnosis, what symptoms affect the client based on the DX and how do those symptoms hinder the client in that area (question). e.g. Client suffers from bipolar depression with extreme emotional fluctuation which causes conflict within the workplace.

2. Does the participant have marked inability to perform instrumental activities of daily living?

Please indicate what is the diagnosis, what symptoms affect the client based on the DX and how do those symptoms hinder the client in that area (question). e.g. Client has major depression (recurrent) and lacks motivation and avoids completing basic tasks such as laundry, housekeeping, meal preparation.

3. What is the participant's marked inability to establish/maintain a personal support system?
Please indicate what is the diagnosis, what symptoms affect the client based on the DX and how do those symptoms hinder the client in that area (question). e.g. Client has borderline personality disorder and can be volatile around personal support system which they push away.

4. What are the participant's deficiencies of concentration/ persistence/pace leading to failure to complete tasks?
Please indicate what is the diagnosis, what symptoms affect the client based on the DX and how do those symptoms hinder the client in that area (question). e.g. Client is bipolar/manic dealing with anger outbursts and getting frustrated easily which often leads to them failing to complete tasks.

5. Is the participant unable to perform self-care?

Please indicate what is the diagnosis, what symptoms affect the client based on the DX and how do those symptoms hinder the client in that area (question). e.g. Client's major depression causes them to feel unmotivated, leading to trouble completing basic hygiene like dental hygiene, showering, changing of clothes.

6. What are the participant's marked deficiencies in self-direction, shown by inability to plan, initiate, organize and carry out goal directed activities?

Please indicate what is the diagnosis, what symptoms affect the client based on the DX and how do those symptoms hinder the client in that area (question). e.g. Client's bipolar and frequent mood fluctuations that make it difficult to start and finish tasks, recall and follow multi-step directions and because of frustration, often give up on tasks.

7. What is the participant's marked inability to procure financial assistance to support community living?
Please indicate what is the diagnosis, what symptoms affect the client based on the DX and how do those symptoms hinder the client in that area (question). e.g. Client has schizoaffective disorder leading to disorganized thinking and behavior, which limits access to resources particularly financial support as they often have trouble understanding forms and rules related to the assistance requested.

What is the clinical rationale for referring this client to PRP services? (focus on diagnosis not client needs, i.e. bus pass)

Provider Signature: _____ Printed Name & Credentials: _____
Agency Name & Address: _____ City _____ State _____ Zip _____
Phone Number: _____ Email: _____

Minor Referral Section

Please provide the ICD 10 Diagnosis(es) and description below (please note that Autism is not a covered DX):

Diagnosis: _____ Diagnosis: _____

(Providers must select a minimum of 3 out of the 5 Functional Criteria questions below)
Within the past three months, the individual's emotional disturbance has resulted in:

1. What is the clear, current threat to the youth's ability to be maintained in their customary setting? Please describe a current threat (e.g. the minor cannot be maintained in a classroom setting due to anger outbursts, frustration, and verbal and/or physical aggression towards teachers and/or peers):

2. Is the minor an emerging risk to the safety of the youth or others? Please describe the emerging risk to safety (e.g. the minor engages in self-harm behavior such as cutting and has acted aggressively towards family members as well as destructive in home environment):

3. Significant psychological or social impairments causing serious problems with peer relationships and/or family members?
◯ Yes ◯ No

If yes, please describe the psychological or social impairments: (e.g. the minor avoids social interactions and cancels plans frequently with peers and family due to anxiety caused when around others; minor is frequetly isolated which worsens distress. Frequent tantrumming has made it difficult for family members to discipline and assist minor with better choices).

4. What evidence exists to show that the current intensity of outpatient treatment for this individual is insufficient to reduce the youth's symptoms and functional behavioral impairments resulting from mental illness? (e.g. minor continues to make reckless and impulsive decisions at school and in the community which have negative impact on minor, such as school suspensions, and problems with authority figures despite participation in therapy. Minor could benefit from more time and more direct assistance).

5. Has the youth made progress toward age appropriate development, more individual functioning and independent living skills?
◯ Yes ◯ No (e.g. minor is making some progress; with consistent prompting when situations allow, minor has been able to better manage anger, and self calm and decrease explosive behavioral outbursts however this is not yet consistent).

If yes, please describe the improvements; if No, what improvements are being made to help make progress?

What is the clinical rationale for referring this client to PRP services?

Provider Signature: _____ Printed Name & Credentials: _____
Agency Name & Address: _____ City _____ State _____ Zip _____
Phone Number: _____ E-mail: _____