



5022 Campbell Boulevard, Suite L - Nottingham, MD 21236
P: 443.442.1568 • F: 443.442.1569
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Aspire Wellness Center, Inc. Psychiatric Rehabilitation Program Referral Form

Fax all Referrals to 443.442.1569

Referral Date: _____

DEMOGRAPHIC INFORMATION:

Client Name:		Gender:
DOB:	SS#:	Race(s):
Medical Assistance # (if uninsured, please not if an application is pending):		
Legal Guardian (if minor or designated legal guardian):		
Relationship (to minor or individual):		
Phone Number:		
Address:		
Legal Guardian Address (if different from above):		
Marital Status:	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Level of Education:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability	
Primary Language:	Secondary Language:	

REFERRAL Source:

Name/Agency:	
Licensure/Credentials:	
Supervisor's Name/Licensure/Credentials: (if applicable)	



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Phone #:	Fax #:
Address of Referring Agency:	

DIAGNOSES:

PRP eligibility is restricted to the following diagnoses

√	Primary Diagnosis Code	Description
?	F20.9	Schizophrenia
?	F20.81	Schizophreniform d/o
?	F25.0	Schizoaffective d/o, Bipolar type
?	F25.1	Schizoaffective d/o, Depressed type
?	F28	Other Specified Schizophrenia Spectrum and other Psychotic d/o
?	F29	Unspecified Schizophrenia Spectrum and other Psychotic d/o
?	F22	Delusional d/o
?	F33.2	Major Depressive d/o, Recurrent episode, Severe without Psychotic features
?	F33.3	Major Depressive d/o, Recurrent episode, Severe with Psychotic features
?	F31.13	Bipolar I d/o, Current/Most recent episode, Manic, Severe, without Psychotic features
?	F31.2	Bipolar I d/o, Current/Most recent episode, Manic, Severe, with Psychotic features
?	F31.4	Bipolar I d/o, Current/Most recent episode, Depressed, Severe, without Psychotic features
?	F31.5	Bipolar I d/o, Current/Most recent episode, Depressed, Severe with Psychotic features
?	F31.0	Bipolar I d/o, Current/Most recent episode, Hypomanic
?	F31.9	Bipolar I d/o, Current/Most recent episode, Hypomanic, Unspecified



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<input type="checkbox"/>	F31.9	Unspecified Bipolar and Related d/o
<input type="checkbox"/>	F31.9	Unspecified Bipolar and Related d/o
<input type="checkbox"/>	F31.81	Bipolar II d/o
<input type="checkbox"/>	F21	Schizotypal Personality d/o
<input type="checkbox"/>	F60.3	Borderline Personality d/o

Behavioral Diagnoses Description:

Diagnosis Code #2:
Diagnosis Code #3:

Medical Diagnoses:

Diagnosis Code #1:	
Diagnosis Code #2:	
Diagnosis Code #3:	
Diagnosis Code #4:	

SOCIAL ELEMENTS IMPACTING DIAGNOSIS:

Please select all that apply.

<input type="checkbox"/>	Educational
<input type="checkbox"/>	Problems Related to Interactions with Legal System/Crime
<input type="checkbox"/>	Housing Problems (not homelessness)
<input type="checkbox"/>	Other Psychosocial and Environmental Problems
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Financial



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<input type="checkbox"/>	Problems with Access to Healthcare Services
<input type="checkbox"/>	Primary Support Group
<input type="checkbox"/>	Occupational Problems
<input type="checkbox"/>	Problems Related to the Social Environment
<input type="checkbox"/>	None
<input type="checkbox"/>	Unknown

REASONS FOR REFERRAL:

- Personal Hygiene
- Nutrition/Food Preparation
- Independent Living Skills
- Access to Entitlements and Resources available: _____
- Employment Assistance
- Developing Support
- Community Access
- Managing Finances
- Individual Wellness/Recovery
- Mobility/Transportation Skills
- Health Education
- Other: _____

Medications

Name	Dose/Frequency	Prescribing Physician/Provider



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Presenting Symptoms/Comments (include hx of SI/HI):

*This Individual has a serious mental illness which has required the intervention of the Public Mental Health System in the last two years: Yes No

*Individual experiences *at least three* of the following:

- Inability to maintain independent employment
- Social behavior that results in interventions by the mental health system
- Inability to procure financial assistance to support living in the community due to cognitive disorganization
- Severe inability to establish or maintain social supports
- Need for assistance with basic living skills

Referral Source Name/Credentials

Referral Source Signature

Date

Approved 7/25/19