



Psychiatric Rehabilitation Program Referral Form (ADULT)

only available to clients with medicaid

To efficiently process referrals, please complete this form in its entirety, sign, date, and send to info@everyvoicecounts.business.

REFERRAL SOURCE INFORMATION (Referrals must come from a licensed clinician. This includes: APRN-PMH, CRNP-PMH, LCADC, LCMFT, LCPAT, LCPC, LCSW-C, MD/DO, PhD/PsyD, LMSW*, LGPC*, LGADC*, LGMFT*, LGPAT*. *Supervisor must also co-sign this document)	
Date of Referral	
Referral Source Title/Position	
Referral Source Name	
Referral NPI Number	
Agency Name	
Phone Number	
Email Address	

Client's Name	
Client's MA Number	
Client's Address (w/ zip code)	
Client's DOB	
Client's Race	
Client's Sex & Preferred Pronouns	
Client's Phone Number	
Client's Diagnosis (and code)	
Date client began therapy	
Frequency of sessions	
History of Substance Use? (If Yes, include drug of choice and frequency)	

*To see a list of qualifying diagnoses for adults, please check the reference sheet at the end of referral packet.

1. Why are PRP services needed in conjunction with outpatient services?

TO QUALIFY FOR PRP SERVICES, client needs to be impaired in AT LEAST 3 OF THE FOLLOWING areas:

2. Does the client's symptoms interfere with their ability to establish and/or maintain employment?

- Yes
- No

3. If so, what keeps the client from establishing/maintaining employment?

4. Does the client's symptoms interfere with their ability to perform Activities of Daily Living (ADLs) satisfactorily?

- Yes
- No

5. If so, what keeps the client from being able to perform their ADLs?

6. Does the client's symptoms interfere with their ability to establish and/or maintain a personal support system?

- Yes
- No

7. If so, what keeps the client from establishing/maintaining a personal support system?

8. Does the client's symptoms create deficiencies with concentration/persistence/pace leading to failure to complete tasks?

- Yes
- No

9. If so, what keeps the client from being unable to complete tasks?

10. Does the client's symptoms interfere with their ability to perform self-care tasks (i.e., hygiene, grooming, nutrition, medical care, and safety)

- Yes
- No

11. If so, what keeps the client from being unable to perform self-care tasks?

12. Does the client's symptoms create deficiencies in self-direction, shown by inability to plan, initiate, organize, and carry out goal-directed activities?

- Yes
- No

13. If so, what keeps the clients from being able to plan, initiate, organize, and carry out goal-directed activities?

14. Does the client's symptoms interfere with their ability to procure financial assistance to support community living?

- Yes
- No

15. If so, what keeps the client from being able to procure financial assistance to support community living?

Upon the clinician's signature below, the client being referred is appropriate for program services provided by Every Voice Counts. Upon the clinician's signature below, the client being referred is currently in therapy with their organization.

SIGNATURES (*If clinician is under supervision, a supervisor must co-sign this document)

Clinician's Name (print)	Credentials
Clinician's Signature	Date
Supervisor's Name (print)	Credentials
Supervisor's Agency (if different)	Supervisor's Signature
	Date

Clinical Diagnosis
(Client must have at least one of these to qualify for services)

__ F 20.9 Schizophrenia, unspecified	__ F 31.0 Bipolar 1, Current or Most Recent Hypomanic
__ F 20.0 Paranoid Schizophrenia	__ F 31.9 Bipolar 1, Most Recent Hypomanic, Unspecified
__ F 20.1 Disorganized Schizophrenia	__ F 31.9 Bipolar 1 DO, unspecified
__ F 20.2 Catatonic Schizophrenia	__ F 31.9 Unspecified Bipolar DO
__ F 20.3 Undifferentiated Schizophrenia	__ F 31.13 Bipolar 1, Current or Most Recent Manic, Severe
__ F 20.5 Residual Schizophrenia	__ F 31.63 Bipolar 1, Mixed, Severe, without Psychotic features
__ F 20.81 Schizophreniform disorder	__ F 31.64 Bipolar 1, Mixed, Severe with Psychotic features
__ F 20.89 other Schizophrenia Spectrum and other Psychotic Disorder	__ F 31.81 Bipolar II DO
__ F 29 Unspecified Schizophrenia Spectrum and other Psychotic Disorder	__ F 21 Schizotypal Personality DO
__ F 22 Delusional Disorder	__ F 60.3 Borderline Personality DO
__ F 33.2 Major Depressive DO, Recurrent episode, Severe	__ F 25.0 Schizoaffective Disorder, Bipolar type
__ F 33.3 Major Depressive DO, Recurrent, with psychotic features	__ F 25.1 Schizoaffective Disorder, Depressive Type
__ F 31.2 Bipolar 1, Current or Most Recent Manic, with Psychotic features	__ F 25.8 Other Schizoaffective DO
__ F 31.4 Bipolar 1, current or Most Recent Depressed, Severe	__ F 25.9 Schizoaffective DO Unspecified
__ F 31.5 Bipolar 1, Current or Most Recent, Depressed, with Psychotic features	__ F 28 other Specified Schizophrenia