Centers for Behavioral Health, LLC
Life Skills PRP - Referral Form

Date ____________________

9318 Gaither Road, Suite 245
Gaithersburg, MD 20877
Phone: 301-527-0701
Fax: 301-527-0703

Client Name ____________________ **DOB** ______________ **SSN** ____________________
Client Phone ____________________ **Insurance** ____________ **Policy #** ____________________
If no insurance, has consumer applied for Medical assistance Yes ______ No ______
Address ____ **Email:** ____________________________
Name & Credentials of Licensed Referring Clinician ________________________________

Name of Agency / Facility ____

Must have one of the following diagnoses:

AXIS I

- [ ] Schizophrenia 295.90 / F20.9
- [ ] Schizophreniform Disorder 295.40 / F20.81
- [ ] Schizoaffective Disorder, Bipolar Type 295.70 / F25.0
- [ ] Schizoaffective Disorder, Depressed Type 295.70 / F25.1
- [ ] Other Specified Schizophrenia Spectrum & Other Psychotic Disorder 298.8 / F28
- [ ] Unspecified Schizophrenia Spectrum & Other Psychotic Disorder 298.9 / F29
- [ ] Delusional Disorder 297.1 / F22

- [ ] Major Depressive Disorder, Recurrent Episode, Severe 296.33 / F33.2
- [ ] Major Depressive Disorder, Recurrent, With Psychotic Features 296.34 / F33.3

- [ ] Bipolar I Disorder, Current or Most Recent Episode Manic, Severe 296.43 / F31.13
- [ ] Bipolar I Disorder, Current or Most Recent Episode Manic, With Psychotic Features 296.44 / F31.2
- [ ] Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe 296.53 / F31.4
- [ ] Bipolar I Disorder, Most Recent Episode Depressed with Psychotic Features 296.54 / F31.5
- [ ] Bipolar I Disorder, Current or Most Recent Episode Hypomanic 296.40 / F31.0
- [ ] Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified 296.40 / F31.9
- [ ] Bipolar I Disorder, Current or Most Recent Episode Unspecified 296.7 / F31.9
- [ ] Unspecified Bipolar and Related Disorder 296.80 / F31.9
- [ ] Bipolar II Disorder 296.89 / F31.81

AXIS II

- [ ] Schizotypal Personality Disorder 301.22 / F21
- [ ] Borderline Personality Disorder 301.83 / F60.3

PRESENTING PROBLEMS/REASON FOR REFERRAL: (Please select up to 5 areas)

- [ ] Appointment Assistance
- [ ] Case Management Needs
- [ ] Cognitive Difficulties
- [ ] Community Integration Difficulties
- [ ] Housing Needs
- [ ] Impulse Control Concerns
- [ ] Independent Living Limitations
- [ ] Limited Social Support
- [ ] Medication Assistance
- [ ] Need for Higher Level of Mental Health Care
- [ ] Need for Structure
- [ ] Safety Concerns in the Community
- [ ] Social Skills Limitations
- [ ] Substance Use Concerns
- [ ] Symptom Management
- [ ] Time Management
- [ ] Vocational Skills Limitations

Signature of Licensed Referring Clinician ________________________________

Updated: 2/3/2020