Resolution
HEALTH AND WELLNESS CENTER LLC

Resolution Health and Wellness Center
1401 S Edgewood St., Ste
Halethorpe, MD 21227
Tel: 410-275-0928
Email: care@resowell.com

RHWC REFERRAL FORM

Referral Source Information

Agency / Individual Name: _____ Phone #: _____

Email Address: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Referral: _____

Client Information

Client Name: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female

Age: _____ MA #: _____ MCO: _____ Social Security #: _____

Type of Insurance: ☐ Medicaid ☐ Medicare ☐ Commercial Insurance

Is there a current or previous substance use? ☐ Yes ☐ No If yes, currently in treatment? ☐ Yes ☐ No

Best Number to Contact: _____ Email Address: _____

Is the client homeless? ☐ Yes ☐ No Home Address: _____

Services Requested

☐ Mental Health Evaluation / Assessment	☐ Psychiatric Rehabilitation Services (PRP)
☐ Individual Therapy	☐ Substance Abuse Services (circle one): IOP / OP Counseling, DUI/DWI Groups
☐ Group Therapy	☐ Residential Housing Services
☐ Family Therapy	☐ Psychiatric Services / Medication Management / Evaluation

Reasons for Referral - Presenting Problems (Please be specific):

_____

_____

_____

_____

_____

Is the client currently on psychotropic medications? ☐ Yes ☐ No If yes, please list all medications:

_____

- Has the client recently been discharged from an outpatient mental health facility / hospital? ☐ Yes ☐ No If yes, have they provided a copy of the aftercare plan? ☐ Yes ☐ No
- Has the client been arrested in the past six months? ☐ Yes ☐ No Is the client currently on probation or subject to any pending legal matters? ☐ Yes ☐ No
- Currently enrolled in an educational program? ☐ Yes ☐ No Highest Grade Completed: _____ Currently Employed? ☐ Yes ☐ No

Referring Provider Signature: _____ **Title:** _____ **Date:** _____

OFFICE USE ONLY

Insurance Authorization Number: _____ Number of Authorized Visits: _____

Dates of Authorization From: _____ To: _____

Scheduled Diagnostic Interview ☐ Yes ☐ No Date: _____ Therapist: _____

Immunization Record Request ☐ Yes ☐ No Date: _____

Date Assigned / Comments: _____

Resolution
HEALTH AND WELLNESS CENTER LLC

Resolution Health and Wellness Center
1401 S Edgewood St., Ste 101
Halethorpe, MD 21227
Tel: 410-275-0928
Email: care@resowell.com

PSYCHIATRIC REHABILITATION PROGRAM (PRP) REFERRAL

Diagnosis: Please indicate current DSM diagnoses. **(MUST HAVE AXIS I DIAGNOSIS)**

Adults must have one of the following diagnoses for PRP Eligibility

- ☐ 295.90 / F20.9 – Schizophrenia
- ☐ 295.40 / F20.81 – Schizophreniform Disorder
- ☐ 295.70 / F25.0 – Schizoaffective Disorder, Bipolar Type
- ☐ 295.70 / F25.1 – Schizoaffective Disorder, Depressive Type
- ☐ 298.8 / F28 – Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- ☐ 298.9 / F29 – Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- ☐ 297.1 / F22 – Delusional Disorder
- ☐ 296.33 / F33.2 – Major Depressive Disorder, Recurrent Episode, Severe
- ☐ 296.34 / F33.3 – Major Depressive Disorder, Recurrent Episode with Psychotic Features
- ☐ 301.22 / F21 – Schizotypal Personality Disorder
- ☐ F31.0 – Bipolar I Disorder, Current or Most Recent Episode Hypomanic
- ☐ 296.43 / F31.13 – Bipolar I Disorder, Current or Most Recent Episode Manic, Severe
- ☐ 296.44 / F31.2 – Bipolar I Disorder, Current or Most Recent Episode Manic with Psychotic Features
- ☐ 296.53 / F31.4 – Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe
- ☐ 296.54 / 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
- ☐ 296.40 / F31.9 – Bipolar I Disorder, Current or Most Recent Episode Hypomanic
- ☐ 296.40 / F31.9 – Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified
- ☐ 296.70 / F31.9 – Bipolar I Disorder, Current or Most Recent Episode Unspecified
- ☐ 296.80 / F31.9 – Unspecified Bipolar and Related Disorder
- ☐ 296.89 / F31.81 – Bipolar II Disorder
- ☐ 301.81 / F60.3 – Borderline Personality Disorder

Please use ICD-10 Code

Axis I: ICD Code:_____ Diagnosis given by: _____

Please complete for PRP and Targeted Case

- ☐ Activities of Daily Living
- ☐ Anger / Temper / Conflict Resolution
- ☐ Assertiveness / Self-esteem
- ☐ Community Activity
- ☐ Family / Natural Supports
- ☐ Finances
- ☐ Home / Housing
- ☐ Self-Care Skills
- ☐ Safety to Self / Others
- ☐ School Performance
- ☐ Sexual Issues
- ☐ Social Skills / Peer Interaction
- ☐ Substance Abuse Issues
- ☐ Coping Skills
- ☐ Trauma
- ☐ Medication Compliance Skills
- ☐ Vocational Skills
- ☐ Leisure Skills
- ☐ Work / Job Performance
- ☐ Legal Issues (# of arrests)
- ☐ Money Management
- ☐ Dietary / Food Preparation
- ☐ Crisis Management Skills
- ☐ Physical Health

History of Challenges and Rehabilitation Needs:

_____

_____

_____

_____

_____

In Current Treatment?

Treating Psychiatrist: _____ Organization: _____

Address: _____ Phone Number: _____

Mental Health Therapist: _____ Organization: _____

Address: _____ Phone Number: _____

Referred By: _____ Date: _____

Clinician's Signature: _____ **Date:** _____ **NPI:** _____

Supervisor's Name: _____ **Credentials:** _____ **Supervisor's NPI:**_____

OFFICE USE ONLY

Insurance Authorization Number: _____ Number of Authorized Visits:_____

Dates of Authorization From:_____ To:_____

Scheduled Diagnostic Interview ☐Yes ☐No Date:_____ Therapist:_____

Immunization Record Request ☐ Yes ☐No Date:_____

Date Assigned / Comments:_____