UNLIMITED BOUNDS PRP REFERRAL FORM

11 E. Mt. Royal Ave. suite 2a Baltimore, MD 21202

 Phone: (443) 449-5135 Fax: (443) 449-5136

Email: info@ubyouthservices.com

 Referral Date:

 Client Name: Gender: Male Female

 DOB:

 Medical Assistance #: Race:

 Address: Zip code:

 Phone: Legal Guardian (if minor):

Relationship (to minor): Legal Guardian Address (if different from above):

 Home Phone: Cell Phone: Work Phone:

 Referring Agency/Therapist: Phone: Fax:

Email Address: Clinical Supervisor’s Name/Credentials:

 Phone: Fax: Email Address: School: Address: Phone:

P.C.P phone/address/email:

Is the client diagnosed with a medical condition?: Yes No Obesity Asthma Diabetes High Blood Pressure COPD Other

Please list DSM-5 Diagnoses and Codes / ICD-10-CM:

 Diagnosis Given By:

 Date:

Please circle Reason for Referral and Symptoms and Behaviors and describe in detail:

Medical/Somatic: Physical/Emotional/Sexual Abuse: Medication Compliance: Suicidal/Homicidal Risk: Behavior Challenges: CPS Involved: Risk of Out-Of-Home Placement: Legal/Incarceration: Substance Abuse, client or family: Anxiety/Panic: Property Destruction: Irritable:

Separation Anxiety: Hyperactive: Impulsive: Physical Aggression: Self-Injurious Behavior: Suicidal Ideations: Depressed Mood: Homicidal Ideations: Sexually Inappropriate: Running Away: School Problems/Suspension: Other:

Employment Instability/Financial Difficulty:

PRP Services Requested (check all that apply) Employment Development Training: Housing Support: Self-Care Deficit / Self-Care Training: Job Coaching: Social/Interpersonal Skill Development: Crisis Intervention: Illness Management: Substance Use Consultation: Family Support: Social Skills Development: Emotions Management /Conflict Resolution: Independent Living /Life Skills Training: Other:

1) Is client on medication? Yes No. Please list medication and dosage: 2) History of hospitalizations: Yes No. Please indicate place and date of hospitalization: 3) List known medical history: 4) Have TBS or PRP services been tried in the past? Yes No If yes, was it effective?

 Referral Source’s Signature/ Credentials: date: