Victorious
Mental Healthcare LLC

PRP REFERRAL FORM-MINORS / ADULT

Referral Source Information

Agency/Individual Name:_____ Phone #: 410-488-5171
Address: 2901 Druid Park Dr A202 Baltimore MD 21215 Email: victoriouscares@gmail.com
Fax #: 410-488-5173
SS#:_____ MEDICAL ASSISTANT #:_____
CLIENT NAME: _____ DOB:_____
RACE:_____ MALE ☐ FEMALE ☐ AGE:_____
CURRENT ADDRESS:_____ CITY:_____ STATE: MD ZIP:_____
PHONE #:_____ ALTERNATE PHONE #:

PARENT/GUARDIAN: _____ *RELATIONSHIP:* _____
FOSTER PARENT ☐ *YES* ☐ *NO (If yes submit copy of court order)*
CURRENT ADDRESS: ____ *CITY:*___ *STATE:*_____ *ZIP:* __
PRIMARY PHONE #: *ALTERNATIVE PHONE #:* _____

DSS INVOLVED? ☐ ***YES*** ☐ ***NO*** *DSS WORKER:* _____N/A_____ *PHONE #:* _____
FAX#: _____ *SUPERVISOR:* _____ *PHONE #:* _____ *FAX#:* _____
Has the client been arrested in the past six months? ☐ **Yes** ☐ **No** If Yes, How many times? _____
Are Services Court Ordered? ☐ **Yes** ☐ **No**
If yes, please provide the name of current of current probation officer _____
Next Court Date: _____ Is there a current or previous substance use: ☐ **Yes** ☐ **No**
If yes, currently in treatment: ☐ **Yes** ☐ **No** Substances Used:_____ Last date of Use:
Is the client currently Employed: ☐ **Yes** ☐ **No** Is the client a veteran: ☐ **Yes** ☐ **No**
Currently enrolled in educational program: ☐ **Yes** ☐ **No** **Highest Grade Completed:** _____
School Name: _____
Has the client recently been discharged from an outpatient Mental Health Facility/ Hospital: ☐ **Yes** ☐ **No**
Is the client currently on psychotropic medications: ☐ **Yes** ☐ **No**
If yes, please list all medications:

Youth Service Bureau REFERRALS ONLY: N/A

Who Does the youth reside with (name and relationship):_____
Does the youth have access to 3 meals a day: ☐ **Yes** ☐ **No**
One or more parent/guardian previously incarcerated: ☐ **Yes** ☐ **No** ☐ **Unknown**

Services Requested

☒ Psychiatric Rehabilitation Services/ PRP	☐ Therapeutic Behavioral Services (TBS)
☐ Life Skills Training	☐ Psychiatric Evaluation ☐ Psychiatric Medication Evaluation

HOME BASED/COMMUNITY BASED SERVICES NEEDED: ☒ **Yes** ☐ **No**

Reason for Referral/Presenting Problems (PLEASE BE SPECIFIC):

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REASON FOR REFERRAL *(check all that apply):*

- ☐ Emotional/Mental Illness
- ☐ Financial Instability/Difficulty
- ☐ Legal/Incarceration
- ☐ Medication Mismanagement/Monitoring
- ☐ Relational Conflicts
- ☐ Substance Abuse
- ☐ School Problem/Suspension
- ☐ Homelessness/At Risk of Homelessness
- ☐ Employment Instability
- ☐ Behavior/Conduct Problems
- ☐ Sexual Abuse
- ☐ Physical/Emotional Abuse
- ☐ Social/Interpersonal Challenges
- ☐ Suicidal/Homicidal
- ☐ CPS Involved

PRP SERVICES REQUESTED (check all that apply):

Self-care skills: Check to identify Skills to be addressed within the first Individualized Recovery Plan:

- ☐ Personal Hygiene
- ☐ Maintaining Personal Safety
- ☐ Dietary Planning
- ☐ Maintain Personal Living Space
- ☐ Food Preparation
- ☐ Self-Administration of Medication
- ☐ Nutrition
- ☐ Grooming

Social Skills:

- ☐ Developing Linkages and Supporting the Individual's Participation In Community Activities
- ☐ Community Integration Activities
- ☐ Age Appropriate Boundaries
- ☐ Developing Natural Supports
- ☐ Interactive skills with Peers and Authority Figures
- ☐ Anger Management and Conflict Resolution Skills

Independent living skills:

- ☐ Skills Necessary For Housing Stability
- ☐ Mobility And Transportation Skills
- ☐ Accessing Available Entitlements And Resources
- ☐ Health Promotion And Training
- ☐ Individual Wellness Self-Management and Recovery
- ☐ Supporting The Individual To Obtain And Retain Employment
- ☐ Community Awareness
- ☐ Money Management
- ☐ Time Management

Client's identified support systems:

SYMPTOMS AND BEHAVIOR/RISK BEHAVIORS (check all that apply):

- ☐ Anxiety/Panic
- ☐ Fire Setting
- ☐ Hyperactive
- ☐ Isolative
- ☐ Obsession/Compulsion
- ☐ Property Destruction
- ☐ Self-Injurious Behavior
- ☐ Social /Withdrawal
- ☐ Trauma-related
- ☐ Other
- ☐ Attachment Problems
- ☐ Homicidal Ideations
- ☐ Impulsive
- ☐ Lying/Manipulative
- ☐ Oppositional Defiant
- ☐ Running Away
- ☐ Separation Problems
- ☐ Physical Aggression
- ☐ Sexually Inappropriate
- ☐ Depressed
- ☐ Hopeless/Helpless
- ☐ Irritable
- ☐ Manic Mood
- ☐ Stealing
- ☐ Self-Care Deficit
- ☐ Truancy
- ☐ Suicidal Ideations
- ☐ Verbal Aggression