



WEB REFERRAL FORM
MOBILE PSYCHIATRIC REHABILITATION (MPR)
250 EAST FAYETTE STREET
UNIONTOWN, PA 15401
724-437-1151
FAX (724) 437-4915

I. Date of Referral: _____
Referring Agency: _____
Referring Agency Phone #: _____
Individual Completing Referral: _____

II. Name: _____
Address: _____
County: _____
Type of Residence: (Family Home, CRR, PCH, Etc.) _____
Phone #: _____

DOB: _____ ***Age:** _____ **Gender:** Female Male
Marital Status: _____ **Education:** _____
Employment Status: _____ **Ethnic Origin:** _____

SSN: _____ **VBH Ins. #:** _____
ICM/RC: _____

Reason for Referral: _____

III. *Diagnosis: **Axis I:** _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

Current Medications: _____

Current Treatment:
Facility: _____
Doctor: _____ **Therapist:** _____

Date of Last Hospitalization: _____

IV. *Rehabilitation Domains: (Check all that apply)

- 1. Educational – The individual is interested in returning to school (or continuing education or supported education programs), or is dissatisfied with their current school environment.
- 2. Vocational – The individual is interested in returning to work or in or in supported employment or prevocational training programs, or is otherwise dissatisfied with their current work situation.
- 3. Social – The individual is dissatisfied with their opportunities for social interaction and is interested in improving/changing them.
- 4. Residential – (a) The individual is interested in a higher level of independent living with additional community supports, OR (b) The individual is dissatisfied with their current living situation and is interested in improving it.
- 5. Self-Maintenance: Managing Illness and Wellness – The individual is interested in programs offering illness management skills and healthy lifestyle habits.

V. Significant Medical Conditions:

Additional Disabilities: (Check all that apply)

- None
- Physical – Specify: _____
- Blind
- Hearing
- Developmental
- Alcohol – Date Last Used: _____
- Drugs – Date Last Used: _____
- Other: _____

VI. Legal Issues:

VII: Family/Support Individuals:

VIII: Other Agencies Involved:

IX: *The individual is interested in and chooses to participate in MPR services at this time. Y N

OR

With support, the individual may become interested in and choose to participate in MPR services. Y N

Items with an * indicate areas of eligibility criteria.

For MPR staff use only.

***Referral accepted by:** _____
MPR Specialist

***Referral not accepted because:**

Referral source notified on: _____ (date)