

**PSYCHIATRIC REHABILITATION REFERRAL FORM
CHESTNUT RIDGE COUNSELING SERVICES, INC.**

Referring Agency / Phone Number: _____

Consumer Name: _____

Address: _____

Phone #: _____ County: _____

Type of Residence: Home/apart _____ PCH _____ Other: _____

DOB: _____ Age: _____ Gender: _____ Ethnic Origin: _____

Education: _____ Employment Status / Where: _____

Marital Status: _____ SSN: _____ VBH# _____

Diagnosis / Problem: 1. _____

2. _____

3. _____

Specify Areas of Impairment Affected for Justification of Services / Diagnosis Exception:

Living: _____

Learning: _____

Work: _____

Social: _____

Health / Wellness: _____

My signature on this form indicates my belief that this individual will benefit from his / her involvement with Psychiatric Rehabilitation services.

Healing Arts Professional

Date

Name: _____

Credible ID: _____

Current Treatment: _____

Agency: _____

Dr: _____ Therapist: _____

BCM: _____ Agency _____

Other Agencies Involved: _____

Supports _____

Date of Last Hospitalization: _____

Any Significant Medical Conditions: _____

Other limitations or challenges _____

Specific Reason for Referral: _____

Rehabilitation Domains: Check One Rehab Goal Area and specify desired client goal for that area

___1. Educational _____

___2. Vocational _____

___3. Social _____

___4. Living Environment _____

___5. Self-Maintenance: Managing Illness _____

Name: _____ Credible ID: _____

Specific skill development needed to accomplish above goal _____

_____ The individual is interested in and chooses to participate in MPR services at this time.

Consumer Signature: _____

OR

_____ The individual is interested to learn more about MPR services and may potentially choose services.

| <i>For PR staff use only</i> | |
|---|----------------------|
| <input type="checkbox"/> Referral accepted by: _____ | _____ |
| | PR Practitioner Date |
| <input type="checkbox"/> Referral not accepted because: _____ | |
| <input type="checkbox"/> Referral source notified on: _____ | _____ |
| | (date) |