Evidence Based Practice
Supported Employment Program Referral

PDG Rehabilitation Services, Inc.
Fax: 410.987.3154

In order to efficiently process referrals, please fill out this form in its entirety, sign, and date.

Date: _____ Consumer Name: _____

SS#: _____-_____-_____ DOB: _____/_____/_____ Sex: _____ Race: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone (Home): _____ (Work/Mobile): _____

Physical Description: _____ Highest Grade Completed: _____

Emergency Contact (Relationship to Consumer):_____

Contact's Phone (Home): _____ (Work/Mobile): _____ Support for Client? Yes / No

DSM 5 / ICD-10 Primary Behavioral Diagnoses (if available): **Code(s)**

- ☐ 295.90/F20.9 Schizophrenia
- ☐ 295.40/F20.81 Schizoaffective Disorder, Bipolar Type
- ☐ 295.70/F25.0 Schizoaffective Disorder, Depressive Type
- ☐ 298.8/F28 Other Specified Schizophrenia Spectrum or Other Psychotic Disorder
- ☐ 298.9/F29 Unspecified Schizophrenia Spectrum of 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, Severe with Psychotic Features
- ☐ 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, Severe, with Psychotic Features
- ☐ 296.53/F31.4 Bipolar I Disorder, Current or most Recent Episode Depressed, Severe
- ☐ 296.54/F31.5 Bipolar I Disorder, Current or most Recent Episode Depressed, Severe with Psychotic Features
- ☐ 296.40/F31.0 Bipolar I Disorder, Current or most Recent Episode Hypomanic
- ☐ 296.7/F31.9 Bipolar I Disorder, Unspecified
- ☐ 296.89/F31.81 Bipolar II Disorder,
- ☐ 301.22/F21 Schizotypal Personality Disorder
- ☐ 301.83/F60.3 Borderline Personality Disorder

Additional Behavioral Health Diagnosis: _____

Primary Medical Diagnosis: _____

Please continue on page 2

Social Elements Impacting Diagnosis: (check all that apply)

- ☐ None
- ☐ Problems with access to health care services
- ☐ Housing problems (Not Homelessness)
- ☐ Problems related to social environment
- ☐ Educational problems
- ☐ Problems related to interaction w/legal system/crime
- ☐ Occupational problems
- ☐ Homelessness
- ☐ Financial problems
- ☐ Problems with primary support group
- ☐ Other psychosocial and environmental problems
- ☐ Unknown

Functional Assessment: _____

Definition of Problem Areas (Current Symptoms): _____

_____

_____

Reason(s) for seeking treatment: _____

Risk for Aggressive Behaviors, Suicide, or Homicide: (explain): _____

_____

Entitlement Information:

SSI monthly: $ _____Date Active: _____

SSDI monthly: $ _____Date Active: _____

Medicaid #: _____Date Applied / Active _____

Other Income/Insurance: _____

If consumer does NOT have medical assistance/Medicaid, he or she must meet one or more of the following criteria to qualify for services through Uninsured Eligibility Coverage:

- ☐ Currently homeless or at risk for homelessness
- ☐ Has had an inpatient hospitalization within the last three (3) months
- ☐ Has been incarcerated within the last three (3) months

I, _____, refer_____

(Signature of Referrer) (Print Consumer's Name)

_____ _____

(Print Referrer's Name) (Referrer's Phone Number)