



Little Love Notes, LLC
This is a Referral for Psychiatric Rehabilitation Program Services (PRP)

Client Name: _____ MA#: _____ DOB: _____ Race: _____

Address: _____ Phone # _____

If client doesn't have Medical Assistance: SS# _____ (uninsured span criteria must be met to qualify for services without MA)

I am referring the patient for the following services: ☐ PRP Onsite/Offsite PRP Blended/Telehealth. Please Note: This is a two-page form. This form must be filled out in its entirety in order to allow for medical necessity and authorization for adult services. For minors, please select "Other" and input an ICD-10 code in "Category B Diagnosis" below.

Category A Diagnosis- Adults must meet either criteria 1 or 2 under "Additional Service Criteria Requirements" listed below. **Please do not add diagnoses to this form.**

- | | |
|--|--|
| ☐ F20.81 Schizophreniform Disorder | ☐ F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder |
| ☐ F20.9 Schizophrenia | ☐ F31.2 Bipolar I Disorder, Current or MRE Manic, /w Psychotic Ft |
| ☐ F22 Delusional Disorder | ☐ F31.5 Bipolar I disorder, Current or MRE Depressed, /w Psychotic Ft |
| ☐ F25.0 Schizoaffective Disorder, Bipolar Type | ☐ F33.3 MDD, Recurrent Episode, /w Psychotic Features |
| ☐ F25.1 Schizoaffective Disorder, Depressive Type | |
| ☐ F28 Other Specified Schizophrenia Spectrum and other Psychotic Disorder | |

Category B Diagnosis- Must meet criteria #2 under "Additional Service Criteria Requirements" listed below.

- | | |
|---|---|
| ☐ F31 Bipolar I Disorder, Current or MRE Hypomanic | ☐ F31.9 Bipolar Disorder, Current or MRE Unspecified |
| ☐ F31.13 Bipolar I Disorder, Current or MRE Manic, Severe | ☐ ☐ Current or MRE Hypomanic, Unspecified |
| ☐ F31.4 Bipolar I Disorder, Current or MRE Depressed, Severe | ☐ ☐ Unspecified Bipolar and Related Disorder |
| ☐ F31.81 Bipolar II Disorder, Unspecified | ☐ F33.2 Major Depressive Disorder, Recurrent Episode, Severe |
| | ☐ F60.3 Borderline Personality Disorder |
| | ☐ Other(s) For Minors Only: |

Additional Service Criteria Requirements

1. The individual is enrolled in SSI or SSDI

2. The referred individual demonstrates impaired functioning for at least two years as evidenced by at least 3 of the following criteria on a continuing or intermittent basis. Please include specifics

- ☐ **Marked inability to establish or maintain independent competitive employment**

- ☐ **Marked inability to perform instrumental activities of daily living (Shopping, meal prep, household chores, med management, transportation, money management)**

- ☐ **Marked inability to establish or maintain a personal support system**

- ☐ **Marked or frequent deficiencies of concentration, persistence, or pace**

- ☐ **Marked inability to perform or maintain self-care (hygiene, grooming, nutrition, medical care, personal safety)**

- ☐ **Marked deficiencies in self-direction**

- ☐ **Marked inability to procure financial assistance to support community living**



3. The individual doesn't have two years of impaired functioning as required for a category B diagnosis, but they have a new onset category A diagnosis, and PRP services are the most effective means to diminish risk.

4. Additional Clinical information

Primary Medical diagnoses:

Social Elements Impacting Diagnosis:

☐ None	☐ Financial	☐ Legal System/Crime	☐ Primary Support
☐ Access to Health Care	☐ Homelessness	☐ Occupational	☐ Social Environment
☐ Educational	☐ Housing Problems	☐ Other Psychosocial/Enviro.	☐ Unknown

Current medications:

Is the individual med compliant:

- ☐ Yes
☐ No

Present Symptoms: Please include hx of SI and HI

Criminal Hx:

- ☐ Yes
☐ No

Please provide a brief reason for referral:

Most recent Psychiatric Hospitalization _____ Date _____

Referring Mental Health Professional Name and Credentials (Print)

Mental Health Professional NPI

Referring Mental Health Professional Signature and Credentials

Date

Referring Mental Health Professional Email

Phone Number

Supervisor's Professional Name and Credentials (Print)

Mental Health Professional NPI

Supervisor's Signature and Credentials

Date