Garrett County Lighthouse, Inc.
P.O. Box 116
Oakland, MD 21550
Phone: (301) 334-9126 – Fax (301) 334-8894
www.garrettcountylighthouse.org

PHYSICIAN/MENTAL HEALTH PROFESSIONAL

REFERRAL FOR PRP SERVICES (PLEASE TYPE)

Date: _____

Name: _____ Date of Birth: _____

Address: _____

_____ Birthplace: _____

Telephone No.: _____ Race: _____ Sex: M_____ F_____

Social Security No.: _____ Marital Status: _____

Transportation: _____ Highest Level of Education: _____

Medical Assistance Number: _____

Medicare Number: _____

Medical Insurance: _____ Policy Number: _____

Psychiatric Diagnosis: (BE SURE TO INCLUDE F CODE PLEASE)

PLEASE CHOOSE ONE

_____

_____

_____

_____

Risk Assessment:

Suicidality _____Ideation _____ Plan_____ Prior Attempts (If Known)_____

Other Risk Behavior _____

Substance Abuse _____

Psychiatric Hospitalizations _____

_____

Psychiatrist _____ Therapist _____

Medications Dosage Prescribed By

_____
_____
_____
_____
_____
_____
_____
_____

Medical Condition/Limitations/Allergies _____

_____

Date of Last Physical _____ Physician _____

Others involved in Treatment/Rehabilitation (i.e., AA, NA, Parole/Probation/Addiction Services)

_____

_____

Recommended Service Needs _____

_____
_____
_____
_____
_____

Physician's/Mental Professional's Signature: _____

Print Physician's/Mental Health Professional's Name: _____

Date: _____

Applicant's Signature: _____

(I wish to be considered for Mental Health Services at Garrett County Lighthouse, Inc. and give permission for a Physician's/Mental Health Professional's Referral.)

Date of Admission to Garrett County Lighthouse, Inc. _____