



Garrett County Lighthouse, Inc

P.O. Box 116

Oakland, MD 21550

Phone: (301) 334-9126 Fax: (240) 368-7564

PHYSICIAN/MENTAL HEALTH PROFESSIONAL

CHILD & ADOLESCENT

REFERRAL FOR PRP SERVICES

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Birthplace: _____ SS# _____

Race: _____ Sex: M _____ F _____ O _____ Pronouns: _____

Transportation: _____ Highest Level Of Education: _____

Medical Assistance Number: _____

Psychiatric Diagnosis: (PLEASE CHECK AT LEAST ONE)

- F320 Major Depressive Disorder, single episode, mild
- F321 Major Depressive Disorder, single episode, moderate
- F340 Cyclothmic Disorder
- F341 Dysthymic Disorder
- F348 Other Persistent Mood (affective) Disorders
- F3481 Disruptive Mood Dysregulation Disorder
- F4000 Agoraphobia, unspecified
- F4001 Agoraphobia with Panic Disorder

Psychiatric Disorders, continued

- F4002 Agoraphobia without Panic Disorder
- F4010 Social Phobia, unspecified
- F4011 Social Phobia, generalized
- F4325 Adjustment Disorder with Mixed Disturbance of Emotions and Conduct
- F439 Reaction to Severe Stress, unspecified
- F450 Somatization Disorder
- F4521 Hypochondriasis
- F459 Somatoform Disorder, unspecified
- F5000 Anorexia Nervosa, unspecified
- F502 Bulimia Nervosa
- F605 Obsessive-Compulsive Personality Disorder
- F607 Dependent Personality Disorder
- F631 Pyromania
- F632 Kleptomania
- F633 Trichotillomania
- F6381 Intermittent Explosive Disorder
- F639 Impulse Disorder, unspecified
- F641 Gender Identity Disorder in Adolescence and Adulthood
- F642 Gender Identity Disorder of Childhood
- F900 Attention-Deficit Hyperactivity Disorder, Predominantly Inattentive Type
- F901 Attention-Deficit Hyperactivity Disorder, Predominantly Hyperactive Type
- F909 Attention-Deficit Hyperactivity Disorder, unspecified type
- F910 Conduct Disorder Confined to Family Context
- F911 Conduct Disorder, Childhood-Onset Type
- F912 Conduct Disorder, Adolescent-Onset Type
- F913 Oppositional Defiant Disorder
- F930 Separation Anxiety Disorder of Childhood
- F941 Reactive Attachment Disorder of Childhood
- F410 Panic Disorder without Agoraphobia
- F411 Generalized Anxiety Disorder
- F42 Obsessive-Compulsive Disorder
- F4310 Post Traumatic Stress Disorder, unspecified
- F4320 Adjustment Disorder, unspecified
- Other: _____

Risk Assessment:

Suicidality: _____ Ideation: _____ Plan: _____ Prior Attempts (If Known): _____

Other Risk Behavior: _____

Substance Abuse: _____

Psychiatric Hospitalizations (When and Where): _____

Psychiatrist: _____ Therapist: _____

Medications:

Dosage:

Prescribed By:

Medical Condition/Limitations/Allergies: _____

Date of Last Physical: _____ Physician: _____

Others Involved in Treatment/Rehabilitation(Ex: AA, Juvenile Services, Addiction Services, Guidance Counselors, Social Services)

Recommended Service Needs: _____

Physician's/Mental Professional's Signature: _____

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

Credentials: Please Circle One:

CRNP-PMH(PMHNP) APRN-PMH Licensed Psychologist Licensed Psychiatrist LCSW-C LCPC

LCMFT LCADC LCPAT LGMFT LGADC LMSW LGPC LGPAT

Physician/Mental Health Professional's Phone Number: _____

If LM or LG, list Supervisor's Name and Credentials: _____

Physician/Mental Health Professional's Facility: _____

Parent/Guardian Signature: _____

Print Parent/Guardian Signature: _____

Parent/Guardian Contact Number: _____

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.: _____

