



Instructions: Please PRINT and fax (cover not required) completed form to 410-625-4980, or email to: referral@emrcgroup.org

Information about the individual being referred.

Form with fields for: First Name, MI, Last Name; Date of Birth; Home Address; Phone Number; City, State, and ZIP Code; Maryland Medical Assistance, MA, or Medicaid #; Clinician Name/Organization Name; Social Security Number; Clinician Address; Clinician Phone Number; Clinician City, State, and ZIP code; Clinician Fax Number.

Diagnoses: Individuals must have a MHA approved Axis I diagnosis to qualify for PRP services in Maryland. (see back for list)

Form with fields for Axis I, Axis II, Axis III, Axis IV, and Axis V. Includes a section for Diagnoses made by and Date.

Form with two columns: Presenting Problems, Current Symptoms & Additional Information and Services Needed. Services Needed includes a checklist of skills and services.

Referral Source Information

Form with fields for: Your name and credentials; Phone Number; Organization; Fax Number; Address; Email.

I am referring this individual to receive Psychiatric Rehabilitation Services from Advocate Support Services. I believe that there is a reasonable expectation that these services will help this individual to improve and/or maintain independence and current functional level in the community.

Referral Source Signature: _____ Date: _____

Maryland Priority Population Included Diagnoses	
295.10	SCHIZOPHRENIA, DISORGANIZED TYPE
295.11	SCHIZOPHRENIC-DISORGANIZED TYPE- SUBCHRONIC
295.12	SCHIZOPHRENIC DISORDER-DISORGANIZED TYPE-CHRONIC
295.13	SCHIZOPHRENIC-DISORGANIZED-SUBCHRONIC W/ACUTE EXACERBATION
295.14	SCHIZOPHRENIC-DISORGANIZED-CHRONIC W/ACUTE EXACERBATION
295.15	SCHIZOPHRENIC-DISORGANIZED- IN REMISSION
295.20	SCHIZOPHRENIA, CATATONIC TYPE
295.21	SCHIZOPHRENIC DISORDER-CATATONIC TYPE-SUBCHRONIC
295.22	SCHIZOPHRENIC DISORDER-CATATONIC TYPE-CHRONIC
295.23	SCHIZOPHRENIC-CATATONIC-SUBCHRONIC W/ACUTE EXACERBATION
295.24	SCHIZOPHRENIC-CATATONIC-CHRONIC W/ACUTE EXACERBATION
295.25	SCHIZOPHRENIC - CATATONIC TYPE IN REMISSION
295.30	SCHIZOPHRENIA, PARANOID TYPE
295.31	SCHIZOPHRENIC DISORDERS PARANOID TYPE SUBCHRONIC
295.32	SCHIZOPHRENIC DISORDERS PARANOID TYPE CHRONIC
295.33	SCHIZOPHRENIC-PARANOID-SUBCHRONIC W/ACUTE EXACERBATION
295.34	SCHIZOPHRENIC-PARANOID-CHRONIC W/ACUTE EXACERBATION
295.35	SCHIZOPHRENIC - PARANOID TYPE IN REMISSION
295.40	SCHIZOPHRENIFORM DISORDER
295.41	ACUTE SCHIZOPHRENIC EPISODE SUBCHRONIC
295.42	ACUTE SCHIZOPHRENIC EPISODE CHRONIC
295.43	ACUTE SCHIZOPHRENIC-SUBCHRONIC-ACUTE EXACERBATION
295.44	ACUTE SCHIZOPHRENIC-CHRONIC W/ACUTE EXACERBATION
295.45	ACUTE SCHIZOPHRENIC EPISODE IN REMISSION
295.50	LATENT SCHIZOPHRENIC UNSPECIFIED
295.51	LATENT SCHIZOPHRENIC SUBCHRONIC
295.52	LATENT SCHIZOPHRENIC CHRONIC
295.53	LATENT SCHIZOPHRENIC-SUBCHRONIC W/ACUTE EXACERBATION
295.54	LATENT SCHIZOPHRENIC-CHRONIC W/ACUTE EXACERBATION
295.55	LATENT SCHIZOPHRENIC IN REMISSION
295.60	SCHIZOPHRENIA, RESIDUAL TYPE
295.61	RESIDUAL SCHIZOPHRENIA SUBCHRONIC
295.62	RESIDUAL SCHIZOPHRENIA CHRONIC
295.63	RESIDUAL SCHIZOPHRENIA-SUBCHRONIC W/ACUTE EXACERBATION
295.64	RESIDUAL SCHIZOPHRENIA-CHRONIC W/ACUTE EXACERBATION

Maryland Priority Population Included Diagnoses	
295.65	RESIDUAL SCHIZOPHRENIA IN REMISSION
295.70	SCHIZOAFFECTIVE DISORDER
295.71	SCHIZOPHRENIA-SCHIZOAFFECTIVE TYPE-SUBCHRONIC
295.72	SCHIZOPHRENIA-SCHIZOAFFECTIVE TYPE-CHRONIC
295.73	SCHIZOAFFECTIVE-SUBCHRONIC W/ACUTE EXACERBATION
295.74	SCHIZOAFFECTIVE - CHRONIC W/ ACUTE EXACERBATION
295.75	SCHIZOPHRENIA-SCHIZOAFFECTIVE-IN REMISSION
295.80	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA-UNSPECIFIED
295.81	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA SUBCHRONIC
295.82	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA CHRONIC
295.83	OTHER SCHIZOPHRENIA-SUBCHRONIC-ACUTE EXACERBATION
295.84	OTHER SCHIZOPHRENIA-CHRONIC-ACUTE EXACERBATION
295.85	OTHER SPECIFIED SCHIZOPHRENIA - IN REMISSION
295.90	SCHIZOPHRENIA, UNDIFFERENTIATED TYPE
295.91	UNSPECIFIED SCHIZOPHRENIA SUBCHRONIC
295.92	UNSPECIFIED SCHIZOPHRENIA CHRONIC
295.93	UNSPEC SCHIZOPHRENIA-SUBCHRONIC W/ ACUTE EXACERBATION
295.94	UNSPECIFIED SCHIZOPHRENIA-CHRONIC W/ACUTE EXACERBATION
295.95	UNSPECIFIED SCHIZOPHRENIA IN REMISSION
296.33	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITHOUT PSYCHOTIC FEATURES
296.34	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC FEATURES
296.43	BIPOLAR I DISORDER, MOST RECENT EPISODE, MANIC, SEVERE WITHOUT PSYCHOTIC FEATURES
296.44	BIPOLAR I DISORDER, MOST RECENT EPISODE, MANIC, SEVERE WITH PSYCHOTIC FEATURES
296.53	BIPOLAR I DISORDER, MOST RECENT EPISODE, DEPRESSED, SEVERE WITHOUT PSYCHOTIC FEATURES
296.54	BIPOLAR I DISORDER, MOST RECENT EPISODE, DEPRESSED, SEVERE WITH PSYCHOTIC FEATURES
296.63	BIPOLAR I DISORDER, MOST RECENT EPISODE, MIXED, SEVERE WITHOUT PSYCHOTIC FEATURES
296.64	BIPOLAR I DISORDER, MOST RECENT EPISODE, MIXED, SEVERE WITH PSYCHOTIC FEATURES
296.80	BIPOLAR DISORDER, NOS
296.89	BIPOLAR II DISORDER
297.1	DELUSIONAL DISORDER
298.9	PSYCHOTIC DISORDER, NOS
301.22	SCHIZOTYPAL PERSONALITY DISORDER
301.83	BORDERLINE PERSONALITY DISORDER