



# Allen-Ayuk Behavioral Health Center, LLC

Psychiatric Rehabilitation Program (PRP)

[www.allen-ayukbehavioralhealth.com](http://www.allen-ayukbehavioralhealth.com)

## ADULT REFERRAL FORM

Please complete form in its entirety; contact our office with any questions.

Name				Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Transgender
Address							
Phone	Home:	Cell:		Work:			
D.O.B.		SSN		MA #			Active: Y or N
Race				Marital Status			

## LEGAL GUARDIAN/CAREGIVER

Name			Relationship to client	
Contact information <i>(if different from above)</i>	Address:			
	Phone:			

## CURRENT CLINICIAN/PSYCHIATRIST

Name				Affiliated Clinic	
Address					
Phone		Fax		Email	
How long has client been in treatment with this clinician/psychiatrist?					
Diagnosis <i>(please include secondary if applicable)</i>	Primary:				
	Secondary:				
Substance Abuse	<input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate substance(s) of choice:</i>				
Suicidal	<input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate history:</i>				
Homicidal	<input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate history:</i>				

## REASON for REFERRAL

Provide a brief description of the reason for referral to PRP.  <i>Select specific area(s) of need below.</i>				
<b>Self-Care Skills</b> <input type="checkbox"/> Personal hygiene <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical activity <input type="checkbox"/> Personal safety	<b>Social Skills</b> <input type="checkbox"/> Developing supports <input type="checkbox"/> Conflict resolution <input type="checkbox"/> Boundary awareness <input type="checkbox"/> Interactive skills	<b>Independent Living Skills</b> <input type="checkbox"/> Money management <input type="checkbox"/> Maintaining living env't <input type="checkbox"/> Cooking/Shopping <input type="checkbox"/> Time management	<b>Community Living Skills</b> <input type="checkbox"/> Identifying resources <input type="checkbox"/> Entitlements <input type="checkbox"/> Housing <input type="checkbox"/> Vocational	<b>Symptom Management</b> Coping Skills for: <input type="checkbox"/> Anger <input type="checkbox"/> Anxiety <input type="checkbox"/> Grief and loss <input type="checkbox"/> Other:

## REFERRED BY

Print Name & Credentials			Date of Referral	
--------------------------	--	--	------------------	--



# Allen-Ayuk Behavioral Health Center, LLC

Psychiatric Rehabilitation Program (PRP)

[www.allen-ayukbehavioralhealth.com](http://www.allen-ayukbehavioralhealth.com)

## **ADULT REFERRAL FORM**

*Please complete form in its entirety; contact our office with any questions.*

Signature	
-----------	--