



**PSYCH REHAB**  
**119 RAILROAD STREET**  
**BEDFORD, PA 15522**  
**TELEPHONE: (814) 623-8481**  
**FAX: (833)212-3867**

## **PSYCH REHAB REFERRAL FORM**

### **PSYCHIATRIC REHABILITATION SERVICES**

Psych Rehab will accept referrals for people that meet the admission criteria listed in the PsyR medical necessity criteria 2<sup>nd</sup> edition. These criteria are:

- The person is at least 18 years of age.
- The person has a serious mental illness documented by a psychiatrist. These may include schizophrenia, major mood disorder, psychotic disorder NOS, schizoaffective disorder, or borderline personality disorder.
- Due to the MH diagnosis, there is moderate to severe functional impairment that limits the role performance in one of four areas: Education, Social, Vocational, or Self-Maintenance.
- The person chooses to participate in the program.

**Participant Name:** \_\_\_\_\_ **BSU #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **MA #:** \_\_\_\_\_

**Date of Most Recent Hospitalization (if applicable):** \_\_\_\_\_

**Please check a specific track:**

- ☐ Site-Based Psychiatric Rehabilitation
- ☐ Mobile Psychiatric Rehabilitation
- ☐ Transitions (Transition Age Youth 18-25)

**Please mark areas affected:**

- ☐ Educational
- ☐ Social
- ☐ Vocational
- ☐ Living

**Person making referral:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Why are you referring this participant? How does their diagnosis affect their living, learning, social and work environment?**

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Qualifying Diagnoses:

- **Schizophrenia (F20.9)**
- **Major Depressive Disorder (F32.xx) or (F33.xx)**
- **Bipolar (F31.xx)**
- **Borderline Personality Disorder (F60.3)**

Diagnosis:

Code:

Exception Request: Although this individual does not currently meet the criteria for diagnostic eligibility, he/she would benefit from Psych Rehab services. It is my recommendation that he/she receives these services. If individual does not meet criteria please complete Exception Request attached to this form.

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Licensed Professional of Healing Arts Signature & Title  
(Physician, PA, CRNP, LCSW, LMFT, LPC, Licensed  
Psychologist)

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Date

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Print Licensed Professional of Healing Arts Name &  
Title (Physician, PA, CRNP, LCSW, LMFT, LPC, Licensed  
Psychologist)

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Date

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MA #

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NPI #

# Bedford Psychiatric Rehabilitation

## Exception Request Form

Name: \_\_\_\_\_

Axis I Diagnosis: \_\_\_\_\_

Although this individual does not currently meet the criteria for diagnostic eligibility, he/she would benefit from Psychiatric Rehabilitation Services. It is my recommendation that he/she receive these services. As a result of mental illness, this individual has moderate to severe functional impairment that interferes with or limits performance in at least one of the following domains: Living, Learning, Working, and/or Socializing.

The following is a description of the functional impairment/s this individual experiences and how he/she would benefit from Psychiatric Services:

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Signature of LPHA: \_\_\_\_\_ Date: \_\_\_\_\_