



SOMERSET PSYCH REHAB
245 WEST RACE STREET
SOMERSET, PA 15501
TELEPHONE: (814) 443-4891
FAX: (833) 212-3866

SOMERSET PSYCH REHAB REFERRAL FORM **PSYCHIATRIC REHABILITATION SERVICES**

Psych Rehab will accept referrals for people that meet the admission requirements according to the general rule of Pennsylvania Code - Title 55 - Chapter 5230.31. These requirements are:

- The person is at least 18 years of age.
- Documentation of a mental health diagnosis (see qualifying diagnoses on page 2).
- There is moderate to severe functional impairment due to the diagnosis that limits role performance in one of four areas: Education, Social, Vocational, or Self-Maintenance.
- The person chooses to participate in the program.

Participant Name: _____ **EMR ID #:** _____

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?

Qualifying Diagnoses:

- Schizophrenia and other specified schizophrenia spectrum and psychotic disorder
- Schizoaffective disorder
- Major depressive disorder
- Bipolar disorder
- Borderline personality disorder
- Anxiety disorder
- Posttraumatic stress disorder

Diagnosis:

Code:

Exception Request: Although the 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 the individual does not meet diagnostic criteria, please complete the attached Exception Request Form (page 3).

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

Date

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

Date

MA #

NPI #

Somerset Psychiatric Rehabilitation

Exception Request Form

Name: _____

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:

Signature of LPHA: _____ Date: _____