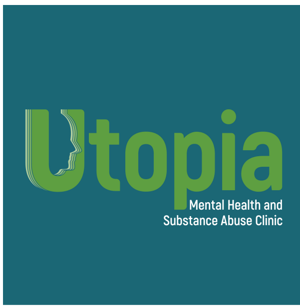

7317 Hanover Parkway ♦ Suites A & B
Greenbelt, MD 20770
www.aboututopia.com
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PRP REFERRAL FORM-MINORS

DATE OF REFERRAL: ______________________ MEDICAL ASSISTANT #: _________________________

CLIENT NAME:_____________________________ DOB: ______________________ AGE: ________

SS#: _____________________________________ RACE: _____________ MALE ☐ FEMALE ☐

CURRENT ADDRESS: ______________________ CITY/ STATE/ZIP: _____________________________

PHONE #: ______________________ ALTERNATE PHONE #: ________________________

PARENT/GUARDIAN: ______________________________ RELATIONSHIP: __________________________

CURRENT ADDRESS: _______________________________ CITY/ STATE/ZIP: __________________________

PRIMARY PHONE #: ______________________________ ALTERNATIVE PHONE #:___________________

DSS INVOLVED? ☐ *YES* ☐ *NO*

DSS WORKER: ________________________________ PHONE #: ________________ FAX#:_______________

SUPERVISOR: ________________________________ PHONE #: ________________ FAX#:_______________

***REASON FOR REFERRAL** (check all that apply):*

☐ Emotional/Mental Illness
☐ Behavior/Conduct Problems
☐ Physical/Emotional Abuse
☐ Social/Interpersonal Challenges
☐ School Problem/Suspension
☐ Employment Instability
☐ Legal/Incarceration
☐ Relational Conflicts
☐ Substance Abuse
☐ CPS Involved
☐ Financial Instability/Difficulty
☐ Medication Mismanagement/Monitoring
☐ Sexual Abuse
☐ Suicidal/Homicidal
☐ Homelessness/At Risk of Homelessness

PRP SERVICES REQUESTED (check all that apply):

Self-care skills: ☐ Personal Hygiene ☐ Grooming ☐ Nutrition ☐ Dietary Planning ☐ Food Preparation ☐ Self-Administration Of Medication ☐ Maintain Personal Living Space ☐ Maintaining Personal Safety.

Social Skills: ☐ Community Integration Activities ☐ Developing Natural Supports ☐ Developing Linkages with and Supporting the Individual's Participation In Community Activities ☐ Interactive skills with Peers and Authority Figures ☐ Age Appropriate Boundaries ☐ Anger Management and Conflict Resolution Skills.

Independent living skills: ☐Skills Necessary For Housing Stability ☐Community Awareness ☐Mobility And Transportation Skills ☐Money Management ☐Accessing Available Entitlements And Resources ☐Supporting The Individual To Obtain And Retain Employment ☐Health Promotion And Training ☐Individual Wellness Self-Management and Recovery ☐Time Management.

SYMPTOMS AND BEHAVIOR/RISK BEHAVIORS (check all that apply):

☐Anxiety/Panic ☐Attachment Problems ☐Depressed ☐Fire Setting ☐Homicidal Ideations
☐Hopeless/Helpless ☐Hyperactive ☐Impulsive ☐Irritable ☐Isolative
☐Lying/Manipulative ☐Manic Mood ☐Obsession/Compulsion ☐Oppositional Defiant
☐Physical Aggression ☐Property Destruction ☐Running Away ☐Self-Care Deficit
☐Self-Injurious Behavior ☐Separation Problems ☐Sexually Inappropriate ☐Social/Withdrawal
☐Stealing ☐Suicidal Ideations ☐Trauma-related ☐Truancy ☐Verbal Aggression ☐Other

PLEASE INDICATE CURRENT DSM V DIAGNOSIS:

Axis I: ____

Is Client On Medication? ☐Yes ☐ No. If yes, please list medication and dosage:

____

____

Does Client Have A History Of Psychiatric Hospitalization? Date and Time:

____

____

____

Is client currently receiving Mental Health Services ☐ Yes ☐ No

______________________ ____________
Print Treating Therapist Name ***Phone#***

______________________________________ ____________
Referring Mental Health Professional Signature and Credentials ***Date***

☒***I am authorized or have been given authorization to give consent for Utopia's PRP to collaborate with service providers to receive and verify the information on this form for screening assessment purposes, and to determine the appropriateness of services for above-referenced individual.***