



Mobile Psychiatric Rehabilitation Referral

250 Mt. Lebanon Blvd. Suite 308. Pittsburgh PA 15234

Phone: 412-561-3390 X213

Fax: 412-561-5902

Applicant Signature: _____

Applicant Name: _____

Date of Birth: ____/____/____ SSN: ____-____-____

Medical Assistance ID: _____ Phone: _____

Address: _____ City, State, Zip: _____

Referral Source Name: _____

Referral Phone: _____ Referral Email: _____

Referral Source Title / Agency: _____

Functional Impairment:

<p>Role Performance: Describe the moderate to severe functional impairment that interferes with or limits functioning. (Note: 1 or more domain must rate at a 3 or higher to qualify.) Scale: 1 = No assistance needed. 3 = Needs moderate assistance. 5 = Needs extensive assistance.</p>		
<u>Domain</u>	<u>Scale</u> <u>(1-5)</u>	<u>Description of Impairment</u>
Living		
Learning		
Working		
Social		

MEDICAL NECESSITY: MUST MEET ONE OF THE CATEGORIES A or B.

Check box and attach supporting documentation.

<p>A. Diagnosis Schizophrenia, Schizoaffective Disorder, or other Delusional or Psychotic Disorder (F20.XXX – F29.XXX) Diagnosis Code: _____</p> <p>Major Mood [Affective] Disorder (F31.XXX – F33.XXX) Diagnosis Code: _____</p> <p>Borderline Personality Disorder (F60.3) Diagnosis Code: _____</p>	<p>B. Diagnosis Exceptions: All boxes must be checked and supporting documentation attached. This individual does not meet the serious mental illness diagnosis criteria in column A. Written and signed recommendation by a LPHA which includes a diagnosis of mental illness listed in the DSM-V or ICD-9 or subsequent revisions. Diagnosis Code: _____</p> <p>A written and signed description of the functional impairment resulting from the mental illness from LPHA.</p>
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Reason for Recommendation: (How will this individual benefit from Mobile Psychiatric Rehabilitation Services?):

Signature of LPHA Title Date

Printed Name of LPHA NPI Number

Note: In accordance with Pennsylvania guidelines and regulations for Psychiatric Rehabilitation Services, this recommendation must be signed by a “physician for licensed practitioner of the health arts (LPHA) acting within the scope of professional practice.” **Persons who are considered to be an LPHA currently only include Medical Doctor (MD, OD) Certified Registered Nurse Practitioners (CRNP), Physician’s Assistants (PA), Licensed Psychologist, Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW).**