



NEXTgeneration Therapeutic Services LLC
PRP Referral Form

ADDRESS
14440 Cherry Lane Ct.
Laurel, Maryland 20707

CONTACT
Phone: 240-360-2161
Fax: 240-280-1698

DATE
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Adult
[]

Minor
[]

Form with fields: Last Name, First Name, DOB, Sex: F/M, Address, City, State, Zip, Phone(1), MA#, SSN, Race, School Attending, Current/ Highest Grade Completed, Marital Status, Resides with, Parent/ Guardian, Relationship, Do the Parent/ Guardian have legal custody of the minor?, YES/ NO, If parent does not have custody, please provide custodial information: Name, Phone #, Address, City, State, Zip

*** Please note: Services cannot begin unless proof of custody is provided.

Form with fields: Does the client have an IEP? YES / NO, If Yes, level of Special Education, PCP & Location, Phone #

Form with fields: Employment Status, MA#, Payment Source, Income Source

Referral Information



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PRP Referral Form

- Mobility Skills
- Money Management
- Interactive skills with peers and authority figures
- Promotion of illness self- management
- Providing education and information regarding mental illness
- Identifying effecting strategies to assist the consumer to manage the consumers illness
- Potential problematic symptoms
- Warning signs of relapse, helpful interventions and utilizing other individuals to resolve the situation in order for the consumer to remain or to seek treatment
- Accessing available entitlements and resources
- Maintenance of the consumers living environment
- Community awareness

Please explain how the Psychiatric Rehabilitation Program (PRP) can provide assistance with the above marked services and how PRP can help the consumer manage their disorder and to support recovery as it relates to their treatment goals:

Case Management Needs:

Referring Clinician Signature:

Date:

**Referring Clinician/ Credentials
(Printed):** _____

*****Please forward copies of latest physical, immunization records and custody papers (if legal guardian is not the biological parent). Please attach copy of initial clinical evaluation and latest clinical treatment plan.*****

**Please Fax this Form to:
(240) 280-1698**