

Dundalk Outreach
1101 N. Point Rd
Suite 108
Baltimore, Md 21222
Fax # 410-288-1171

Cecil Outreach
1001 Cedar Corner Rd
Suite B
Perryville, MD 21903
Fax # 410-642-0290

Catonsville Outreach
516 N. Rolling Road
Suite 305
Catonsville, MD 21228
Fax # 410-747-2227

Harford Outreach
133 N. Parke Street
Aberdeen, MD 21001
Fax # 443-625-1525

**Key Point Health Services
Community Outreach Referral Form**

Name: _____ MA#: _____ DOB: _____ Race _____
Address: _____ Phone # _____

This form must be filled out in its entirety in order to allow for medical necessity and authorization for services.
Please do not add diagnoses to the form.

Behavioral Diagnoses

- | | |
|--|--|
| <input type="checkbox"/> 295.90/F20.9 Schizophrenia | <input type="checkbox"/> 296.43/F31.13 Bipolar I, Most Recent Manic, Severe |
| <input type="checkbox"/> 295.40/F20.81 Schizophreniform Disorder | <input type="checkbox"/> 296.53/F31.4 Bipolar I, Most Recent Depressed, Severe |
| <input type="checkbox"/> 295.70/F25.1 Schizoaffective Disorder, Depressive | <input type="checkbox"/> 296.40/F31.0 Bipolar I, Most Recent Hypomanic |
| <input type="checkbox"/> 298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder | <input type="checkbox"/> 296.7/F31.9 Bipolar I Disorder, Unspecified |
| <input type="checkbox"/> 295.70/F25.0 Schizoaffective Disorder, Bipolar Type | <input type="checkbox"/> 296.44/F31.2 Bipolar I, Most Recent Manic, with Psychosis |
| <input type="checkbox"/> 298.8/F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder | <input type="checkbox"/> 296.54/F31.5 Bipolar I, Most Recent Depressed, with Psychosis |
| <input type="checkbox"/> 297.1/F22 Delusional Disorder | <input type="checkbox"/> 296.40/F31.9 Bipolar I, Most Recent Hypomanic, Unspecified |
| <input type="checkbox"/> 296.33/F33.2 MDD, Recurrent Episode, Severe | <input type="checkbox"/> 296.89/F31.81 Bipolar II Disorder |
| <input type="checkbox"/> 296.34/F33.3 MDD, Recurrent, With Psychotic Features | <input type="checkbox"/> 301.83/F60.3 Borderline Personality Disorder |
| <input type="checkbox"/> 296.80/F31.9 Unspecified Bipolar and Related Disorder | <input type="checkbox"/> 301.22/F21 Schizotypal Personality Disorder |

Primary Medical Diagnoses: _____

Social Elements Impacting Diagnosis

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Access to Health Care | <input type="checkbox"/> Housing Problems | <input type="checkbox"/> Social Environment |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Legal System/Crime | <input type="checkbox"/> Occupational | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Primary Support | <input type="checkbox"/> Other Psychosocial/Enviro. | <input type="checkbox"/> Unknown |

If client does not have Medical Assistance: SS# _____

This individual has a serious mental illness which has required the intervention of the Public Mental Health System in the last two years: Yes No

Individual experiences at least three of the following:

- Inability to maintain independent employment
- Social behavior that results in interventions by the mental health system
- Inability to procure financial assistance due to cognitive disorganization
- Severe inability to establish or maintain social supports
- Need or assistance with basic living skills

Current Medications: _____

Is the individual med compliant: yes no

Presenting Symptoms: Please include hx of SI and HI

Criminal Hx- yes no

Reason for Referral:

- 1) **Self-care skills-** personal hygiene, grooming, nutrition, dietary planning, food preparation, self administration of medication.
- 2) **Social Skills-** community integration activities, developing natural supports, developing linkages with and supporting the individual's participation in community activities.
- 3) **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.

Most recent Psychiatric Hospitalization _____ **Date** _____

Referring Mental Health Professional Signature and Credentials _____

_____ Date

Referring Professionals Name _____

_____ Location and Phone Number

Treating Psychiatrist _____ Phone _____

Treating Therapist _____ Phone _____
