

Certified Peer Specialist LPHA Referral Form

Name: _____ Date of Birth: _____ Age: _____
(must be at least 18)

DIAGNOSIS: Please indicate the DSM V **Serious Mental Illness (SMI) diagnosis with the ICD-10 code.** SMI is defined as a mental disorder resulting in serious functional impairment which substantially interferes with or limits one or more major life activities.

Schizophrenia: _____

Major Mood Disorder : _____

Psychotic Disorder NOS: _____

Schizoaffective Disorder: _____

Borderline Personality Disorder: _____

Exception: The individual does not carry one of the SMI diagnoses listed above, however does carry an AXIS I diagnosis. (**Indicate the diagnosis and code**) _____

FUNTIONAL IMPAIRMENT: As a result of the mental illness, the individual has moderate to severe functional impairment that interferes with or limits performance in at least one of the following domains:

Living Learning Working Socializing

Please specify the impairment below: _____

The individual chooses to receive Certified Peer Specialist Services YES NO

RECOMMENDATION: Based on the information provide above, I recommend the individual for Certified Peer Specialist Services at Inglis. YES NO

Signature and Credentials

Date:

Printed Name and Credentials

License #

NPI#

Phone Number: _____