



**JAROMA DISTINCT CARE INC. (PROVIDING CARE WITH DISTINCTION)**  
16701 MELFORD PLAZA BOULEVARD, SUITE 400, BOWIE MARYLAND 20715  
PHONE #: 240-260-3065. FAX #: 240-260-3073.  
E. MAIL: [Info@distinctcarehealthservice.com](mailto:Info@distinctcarehealthservice.com). WEB: [www.jdistinctcare.com](http://www.jdistinctcare.com)

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## Referral form

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_ MA # \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Agency involvement: Other (specify): \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School: \_\_\_\_\_ Grade: (Highest level) \_\_\_\_\_

Marital Status ☐ Married ☐ single ☐ divorce ☐ widow Veteran Status ☐ Non- Veteran ☐ Veteran

### Clinical Information:

Clinician's name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax: \_\_\_\_\_

Medications: \_\_\_\_\_

DSM-5 Diagnosis: \_\_\_\_\_

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### Medical Conditions Impacting Diagnosis: \_\_\_\_\_

Psychosocial & Environmental Problems: (check all that apply) ☐ problems with primary support group

☐ educational financial ☐ housing problems ☐ occupational ☐ other psycho-social problems  
☐ access to health care services ☐ problems related w/legal system/crime ☐ problems related to the social environment

Runaway behavior: Yes ☐ No ☐ \_\_\_\_\_ # of times this year Legal Status \_\_\_\_\_

Length of time in treatment: \_\_\_\_\_

Current clinical state and justification for PRP services: \_\_\_\_\_

Impairment results in at least one of the following:

\_\_\_\_\_ A clear, current threat to the individual's ability to live in his/her customary setting for an individual who would then meet the criteria for a higher level of care, e.g., inpatient or supervised residential care.

\_\_\_\_\_ A clear, current threat to the individual's ability to attend school.

\_\_\_\_\_ An emerging/impending risk to the safety or property of the individual or of others.

\_\_\_\_\_ For individuals with persistent or recurrent disorders, the individual's past history indicates that when the individual has experienced similar clinical circumstances, less treatment was not sufficient to prevent deterioration and/or stabilization of the disorder.



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\_\_\_\_\_ For an individual with an acute disorder, crisis, or those transitioning from an inpatient to a community setting, there is clinical evidence that less intensive treatment will not be sufficient.

Referred by:

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