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Recommendation for Peer Support Services by a Practitioner of the Healing Arts

(MUST be completed by: Physician, Licensed Psychologist, Certified Registered Nurse Practitioner, or Physician Assistant)

NOTE: This form is valid for 60 days from the date it is signed by a Practitioner of the Healing Arts.

Consumer/Client/Member's Name: _____ BSU#/MAID# _____

Admission Guidelines

To qualify for Peer Support Services, the Consumer/Client/Member must meet the following. Please check if applicable:

Consumer/Client/Member is 18 years or older (DOB: _____)
(Month/Day/Year)

Diagnosis (Must have a diagnosis for Schizophrenia (295.xx/F20.x), Major Affective Disorder (296.xx/F3x.xx), Psychotic Disorder NOS (298.9x/F28, F29), or Borderline Personality Disorder (301.83/F60.3):

Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

The below category MUST be met:

Must have a moderate to severe functional impairment that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least 1 of the following domains: Educational Social Vocational Self-Maintenance

NOTE: Any adult who met the standards for involuntary treatment within 12 months preceding this assessment automatically meets the criteria for referral for Peer Support Services. If this criterion is met, please check here. If this box is checked, STOP here as individual meets priority group standard and qualifies for Peer Support Services.

Must meet ONE of the following A, B or C. Please check the criteria within the column that meets the standard:

Table with 2 columns: A. Treatment History and B. Coexisting Condition or Circumstance. C. Functioning Level. Includes checkboxes for various criteria such as residence in mental hospital, treatment history, and functional level.

As the Consumer/Client/Member is interested in a referral to Peer Support Services and the above criteria are met, I am making the recommendation for Peer Support Services.

Name (Printed) Professional Title Date

Signature Agency Address