

Aurora Services
363 Third Street
Beaver, PA 15009
Phone: (724) 775-2298 Fax: (724) 774-7603

PSYCHIATRIC REHABILITATION SERVICES

Instructions: This form **MUST** be completed and signed by a Physician, Psychologist, PA or CRNP. Referrals will not be processed until this letter is completed and returned. If you have questions or need assistance, please contact our office.

RECOMMENDATION LETTER

Psychiatric Rehabilitation Services are specialized therapeutic interactions conducted by trained professionals who assist people with a psychiatric disability to choose, get and keep the roles that are important to them in the living, learning, working, and socializing environments. Psychiatric Rehabilitation Services are self-directed and person centered with a recovery focus. They facilitate the development of recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, crisis management support, illness management and skills training.

I _____ recommend _____
(PRINT NAME) (PRINT NAME)

for Psychiatric Rehabilitation Services at Aurora Services.

MH Diagnosis: _____ **ICD-10 Code:** _____

Medically necessary criteria for recommendation:

Please indicate evidence of functional impairments: THIS SECTION MUST BE COMPLETED

| | |
|---------------|--|
| LIVING | |
| LEARNING | |
| WORKING | |
| SOCIALIZATION | |

SIGNATURE OF REFERRING PERSON

DATE

By signing I am recommending the above named individual for Psychiatric Rehabilitation Services

PLEASE CHECK TITLE: PHYSICIAN PSYCHIATRIST PSYCHOLOGIST

PHYSICIAN ASSISTANT CERTIFIED NURSE PRACTITIONER