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**Physician Prescription for Psychosocial Rehabilitation Services**

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| Consumer’s Name: *Enter Consumer’s Name* | Date of Birth: *Enter DOB* |

Comprehensive Community Services (CCS) is a voluntary program for individuals with mental health and/or substance abuse disorder needs. CCS may be able to provide psychosocial rehabilitative services that meet patients’ needs. The types of services offered include but are not limited to: service planning, specialized evaluations, medication management, physical health monitoring, peer support, individual skill development, employment-related skill training, psychoeducation, wellness management, psychotherapy, and substance abuse treatment.

Psychiatric and/or Substance Use Disorder Diagnoses:

 *Click here to enter Diagnosis*

 *Click here to enter Diagnosis*

 *Click here to enter Diagnosis*

 *Click here to enter Diagnosis*

|  |  |
| --- | --- |
| I, the undersigned, prescribe Psychosocial Rehabilitation Services for | *Enter Consumer’s Name* |

X

Psychiatrist/Physician Signature Date

|  |
| --- |
| *Enter name of Psychiatrist/Physician* |

Printed Name of Psychiatrist/Physician

*Unless otherwise indicated, this prescription expires one year from the date of signature.*