

# CLUBHOUSE REFERRAL FORM



moving forward together

Date of Referral: \_\_\_\_\_

North Clubhouse  Young Adults Group (North & South)  Wednesday Activity Group (South)  South Delta Young Ladies Group

<b>Name</b> (person requesting service):		<b>Date of Birth:</b> dd / mm / yy		<b>I identify my gender as:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	
<b>Home Address:</b>		<b>Phone Number:</b>		<b>E-mail Address (optional):</b>	
<b>Cultural Group<sup>1</sup> you identify with (please refer to definitions provided below) – optional:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Aboriginal <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Latin American <input type="checkbox"/> Arab/West Asian					
<b>Mental Health (MH) Centre:</b> (+ phone #)		<b>Case Manager:</b> (+ phone #)	<b>GP (Family Doctor):</b> (+ phone #)		<b>Psychiatrist:</b> (+ phone #)
<b>Emergency Contact</b> (Name, Relationship, Phone Number):					
<b>Type of Accommodation (optional):</b> <input type="checkbox"/> Alone <input type="checkbox"/> Family <input type="checkbox"/> Residential Facility <input type="checkbox"/> With others: _____					
<b>Family/Social (optional):</b> <input type="checkbox"/> Single <input type="checkbox"/> married/common-law # of children: _____ Significant family relationships: _____ Specific social supports (e.g. friends, church): _____					
<b>Pertinent Medical Information (physical limitations, allergies/seizures, etc):</b>					
<b>What mental health issues impact your life?</b>					
<b>When should we contact your case manager?</b>					
<b>Why would you like to attend the clubhouse program?</b>					
- What are some of the things you are interested in?					
<b>What could prevent you from attending the clubhouse (e.g., transportation, language difficulties, childcare, etc)?</b>					

Definition of Cultural Groups:

South Asian – e.g., East Indian, Pakistani, Sri Lankan, etc. | West Asian – e.g., Iranian, Afghani, etc. | Southeast Asian – e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.

<b>Highest educational level completed (optional, e.g. for upgrading purpose):</b>	<b>Source of Income (optional):</b>
<p><b>What are some factors or challenges that may have interfered with your wellness?</b> (e.g., suicidal thoughts, alcohol and/or drug use, violent acts towards others or personal property, involvement with the criminal justice system, etc.)</p> <p>-----</p> <p>- If you identified any challenge/s above, what kind of support/s are you currently receiving?</p>	
<p><b>I understand that by signing this referral, I am also authorizing the Mental Health Centre and/or Referral Source (physician, agency staff) to exchange relevant information as the need arises. This authorization expires when membership ends.</b></p> <p>_____</p> <p><i>Signature of Client</i></p> <p>_____</p> <p><i>Print Name + Signature of Referral Source (Case Manager/GP/Agency)</i></p>	