

## CLUBHOUSE REFERRAL FORM

New Member Information		
<b>Name</b> (person requesting service): <i>(Please Print)</i>	<b>Date of Birth:</b> (DD/MM/YYYY)  <b>PHN:</b>	My gender is:  My pronouns are:
<b>Home Address:</b>		<b>Phone #:</b>
<b>Email Address:</b>  <input type="checkbox"/> I consent to receiving information by email	<input type="checkbox"/> I am also interested in participating in virtual/online clubhouse services	<b>Preferred method of contact:</b>  <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email
<b>Self Identified Cultural or Ethnic Group:</b> (Check more than one if necessary)		
<input type="checkbox"/> First Nations <input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/> South Asian <input type="checkbox"/> Black <input type="checkbox"/> Metis <input type="checkbox"/> Arab <input type="checkbox"/> Latin American <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Inuit <input type="checkbox"/> West Asian <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____		
Referral Source Information		
<b>Referring source name and role</b>	<b>Best form of contact</b>	<b>Length of relationship with referred member</b> <input type="checkbox"/> 0-3 Months <input type="checkbox"/> 3-12 Months <input type="checkbox"/> >12 months
Other Supports and Housing		
<b>Other important members of my healthcare team or community services include:</b> <small>(Occupational Therapist, Recreation Therapist, WorkBC, Support groups, Counsellor, Family doctor, Case manager, Vocational Counsellor)</small>		
<b>Supports I have in my personal life include:</b> <small>(Family members, friends, spiritual or religious connections, neighbours, pets)</small>		
<b>In an emergency please contact</b>  Name _____ Relationship _____ Phone number _____		
<b>Type of housing</b> <input type="checkbox"/> Alone <input type="checkbox"/> Family <input type="checkbox"/> Supported housing program <input type="checkbox"/> Roommate or Friends    _____ Other		
Recovery and Wellness Information		
<b>What areas of your life would you like support in?</b> (Check more than one if necessary)		
<input type="checkbox"/> Mental health and wellness <input type="checkbox"/> Going out into your community <input type="checkbox"/> Volunteering, education, or work <input type="checkbox"/> Fun and recreation <input type="checkbox"/> Spirituality and personal growth <input type="checkbox"/> Friends and family <input type="checkbox"/> Personal relationships <input type="checkbox"/> Home and life skills <input type="checkbox"/> Physical health <input type="checkbox"/> Finances <input type="checkbox"/> Technology skills <input type="checkbox"/> Other _____		
<b>Do you have a goal that you are working on, or you would like to start?</b>		

Yes My goal is \_\_\_\_\_

No I would like help with this. I am interested in: \_\_\_\_\_

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**What might make connecting with clubhouse difficult?**  
(e.g., transportation, language, childcare, meeting new people or going to new places)

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**Other important health information**  
(e.g., mental and physical health challenges, allergies, specific needs)

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**Maintaining Mental Health and Wellness**

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**What are some supports or skills that help you with your mental health?**  
(Counselling, time with friends and family, mindfulness, WRAP, spiritual practices, yoga, walking, art, writing, spending time outside)

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**How might the clubhouse team know when you are not feeling mentally well?** (Talking more or less, changes in mood, moving around more or less, not showing up, spending more money than usual, changes in my routine)

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**What can our team do to help you if you need some extra support?**

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**I understand that by signing this referral, I am also authorizing the mental health centre/referral source and the clubhouse team to exchange relevant information as the need arises to support an integrated team approach. This authorization expires when membership to the clubhouse program ends.**

\_\_\_\_\_

**Signature of member** \_\_\_\_\_  
**Signature of referral source**

\_\_\_\_\_

**Date (DD/MM/YYYY)**

Cultural or Ethinc Groups Examples include:

Chinese: Chinese and Taiwanese

South Asian: Indian, Bangladeshi, Punjabi, Sri Lankan, Bengali, Pakistani, Nepalese, Sinhalese, Tamil

Black: African, Nigerian and Somali

Latin American: Chilean, Costa Rican, Mexican, Brazilian

Southeast Asian: Vietnamese, Cambodian, Malaysian, Laotian, Indonesian, Thai

Arab: Egyptian, Kuwaiti, Libyan, Iraqi, Lebanese, Algerian, Moroccan, Palestinian, Saudi Arabian, Syrian

West Asian: Afghan, Assyrian, Iranian, Armenian, Georgian, Israeli, Kurd, Pashtun, Turkish

Visible Minority Other: Pacific Islander, Polynesian, Guyanese

Multiple Visible Minorities: more than one visible minority