

## RIVERSIDE COMMUNITY CARE CLUBHOUSE REFERRAL/PROVIDER FORM

<b>Prospective Member:</b>						<b>Date Initiated:</b>			
DOB:		Gender Identity: <Select Gender>							
Address:									
City:		State:		Zip:		Telephone:			
<b>Part One Referral/Provider Source Information</b>									
Name:				Role:					
Address:									
City:		State:		Zip:		Telephone:			
<b>Part Two Prospective Member Mental Health Information</b>									
<b>DIAGNOSES</b>									
Code	Description								
Most Recent Hospitalization (include where, date and precipitant):									
Other Current Supports (for example - therapist, prescriber, medications):									
Stressors We Should be Aware of:									
Describe Alcohol/Drug Use (include history and current situation, person's awareness of substance use disorder if applicable):									

Risk Assessment (please check all that apply and provide details below)

		History	Current
1	Suicidal or Self Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>
2	Physical Violence Toward Others	<input type="checkbox"/>	<input type="checkbox"/>
3	Verbally Abusive Toward Others	<input type="checkbox"/>	<input type="checkbox"/>
4	Sexual Assault Behaviors	<input type="checkbox"/>	<input type="checkbox"/>
5	Fire Starting Behaviors	<input type="checkbox"/>	<input type="checkbox"/>
6	Criminal Activities/Legal Concerns	<input type="checkbox"/>	<input type="checkbox"/>
7	Victimized	<input type="checkbox"/>	<input type="checkbox"/>
8	Other	<input type="checkbox"/>	<input type="checkbox"/>

Risk #:	
Risk #:	
Risk #:	
Risk #:	

Does individual have a crisis/risk plan?  Yes  No If yes, please include.

Individual has ability to handle conflict with others in the community?  Yes  No

If No, please indicate supports needed or recommendation for engagement:

Please describe how the individual's mental health challenges interfere with or limits one or more major life activities:

Please describe potential goals and/or aspirations:

**Part Three**

Referral/Provider Signature:

Date:

**Part Four Clubhouse Use Only**

Individual Meets Clubhouse Services Membership Criteria

Yes

No

Clubhouse Director Signature:

Date: