

## CLUBHOUSE REFERRAL FORM

**SEND REFERRAL TO Fraser Health Access Line**  
**Fax: 604-453-1929 or Phone 1-833-866-6478**

New Member Information				
Name (person requesting service): <i>(Please Print)</i>	Date of Birth: (DD/MM/YYYY)  PHN:	My gender is:  My pronouns are:		
Home Address:	Phone #:			
Email Address:	<input type="checkbox"/> I am also interested in participating in virtual/online clubhouse services  <input type="checkbox"/> I consent to receiving information by email	Preferred method of contact:  <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email		
Self Identified Cultural or Ethnic Group: (Check more than one if necessary)				
<input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	<input type="checkbox"/> White <input type="checkbox"/> Arab <input type="checkbox"/> West Asian	<input type="checkbox"/> Filipino <input type="checkbox"/> Latin American <input type="checkbox"/> Korean	<input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Japanese	<input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____
Referral Source Information				
Referring source name and role	Best form of contact	Length of relationship with referred member  <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> (Occupational Therapist, Recreation Therapist, WorkBC, Support groups, Counsellor, Family doctor, Case manager, Vocational Counsellor)				
<b>Supports I have in my personal life include:</b> (Family members, friends, spiritual or religious connections, neighbours, pets)				
<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 <input type="checkbox"/> 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>				

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

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

**What might make connecting with clubhouse difficult?**

(e.g., transportation, language, childcare, meeting new people or going to new places)

**Other important health information**

(e.g., mental and physical health challenges, allergies, specific needs)

**Maintaining Mental Health and Wellness****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)

**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)

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

**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.**

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Signature of member

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Signature of referral source

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Date (DD/MM/YYYY)

## **CLUBHOUSE REFERRAL FORM**

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