

## CLUBHOUSE REFERRAL FORM

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

New Member Information																	
<b>Name</b> (person requesting service): (Please Print)	<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	Preferred method of contact: _ Phone _ Text _ Email															
<b>Self Identified Cultural or Ethnic Group:</b> (Check more than one if necessary) <table border="0"> <tr> <td><input type="checkbox"/> First Nations</td> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> South Asian</td> <td><input type="checkbox"/> Black</td> </tr> <tr> <td><input type="checkbox"/> Metis</td> <td><input type="checkbox"/> Arab</td> <td><input type="checkbox"/> Latin American</td> <td><input type="checkbox"/> Southeast Asian</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Inuit</td> <td><input type="checkbox"/> West Asian</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>			<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 _____
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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> (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> ___ Alone    ___ Family    ___ Supported housing program    ___ 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) <table border="0"> <tr> <td><input type="checkbox"/> Mental health and wellness</td> <td><input type="checkbox"/> Going out into your community</td> <td><input type="checkbox"/> Volunteering, education, or work</td> <td><input type="checkbox"/> Fun and recreation</td> </tr> <tr> <td><input type="checkbox"/> Spirituality and personal growth</td> <td><input type="checkbox"/> Friends and family</td> <td><input type="checkbox"/> Personal relationships</td> <td><input type="checkbox"/> Home and life skills</td> </tr> <tr> <td><input type="checkbox"/> Physical health</td> <td><input type="checkbox"/> Finances</td> <td><input type="checkbox"/> Technology skills</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>			<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 _____			
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<b>Do you have a goal that you are working on, or you would like to start?</b>																	

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<input type="checkbox"/> Yes My goal is _____  <input type="checkbox"/> No I would like help with this. I am interested in: _____
<b>What might make connecting with clubhouse difficult?</b> (e.g., transportation, language, childcare, meeting new people or going to new places)
<b>Other important health information</b> (e.g., mental and physical health challenges, allergies, specific needs)
<b>Maintaining Mental Health and Wellness</b>
<b>What are some supports or skills that help you with your mental health?</b> (Counselling, time with friends and family, mindfulness, WRAP, spiritual practices, yoga, walking, art, writing, spending time outside)
<b>How might the clubhouse team know when you are not feeling mentally well?</b> (Talking more or less, changes in mood, moving around more or less, not showing up, spending more money than usual, changes in my routine)
<b>What can our team do to help you if you need some extra support?</b>
<p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Signature of member</p> <p>_____ Date (DD/MM/YYYY)</p> </div> <div style="width: 45%;"> <p>_____ Signature of referral source</p> </div> </div>

22768 119 Ave. Maple Ridge,  
BC, V2X 4L2 (604) 467-6911

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Cultural or Ethnic 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