

Thunderbird Clubhouse Referral Form

Demographics

Prospective Member's Name _____ Date of Referral _____

Maiden Name _____

Address _____

Telephone # _____

Social Security # _____

Date of Birth _____ Age _____ Marital Status: Married _____ Divorced _____ Never Married _____

of Children and ages _____

Annual Income: _____

Veteran Status: Yes No

Psychiatric History

Diagnosis

Axis I _____

Axis II _____

Axis III _____

Medications

Current LOF: _____

CAR Scores: Feeling Mood _____ Thinking _____ Substance Use _____ Med/Phys _____

Family _____ Interpersonal _____ Role Perf. _____ Socio-Legal _____

Self Care _____

Current Mental Health Service Provider

Name [Doctor/Social Worker] _____ Agency _____

Address _____

Phone # _____

History of Previous Hospitalizations [number, precipitating events, etc.]

Most recent hospitalization _____

Substance Abuse History

Drugs Yes No

Alcohol Yes No

Other Yes No [specify: _____]

Describe history of use/what substance/treatment/sober time:

Violent/Criminal History

Legal/Criminal History Yes No

History of Violence Yes No

Describe history, include dates and action taken:

Probation? Yes No

Prison? Yes No

Felony? Yes No

Convictions? Yes No

Educational History

Level of Education completed: _____

Education History: (successes, goals set but not achieved, etc.)

Employment History

Last 12 months? _____

Total Years Employed _____

Total # of jobs: _____

Additional Vocational History: _____

Current Daily Activity: _____

Medical Information

Medical Alerts _____

Primary Family Doctor _____

Address and Phone: _____

Referred by _____

Agency _____

Phone Number _____

Medicare: Yes No

Medicaid: Yes No

SSI: Yes No

SSDI: Yes No