

# Thunderbird Clubhouse Referral Form

## Demographics

Prospective Member's Name \_\_\_\_\_ Date of Referral \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

County \_\_\_\_\_

Social Security # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_

# of People Contributing to Income \_\_\_\_\_ # of People Dependent on Income \_\_\_\_\_

Living Situation? Alone  With Family/Relatives  With Non-Related Persons

Annual Income: \_\_\_\_\_

Veteran Status: Yes  No

Race: White  Black or African American  American Indian or Alaskan Native

Native Hawaiian or Pacific Islander  Asian  Other  Choose not to Specify

## Psychiatric History

### Diagnoses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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

Tobacco Yes  No

Other Yes  No  [specify: \_\_\_\_\_]

Describe history of use/what substance or drug of choice/treatment/usual route of administration/  
frequency of use in last 30 days/age first used/sober time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Violent/Criminal History**

Legal/Criminal History Yes  No

History of Violence Yes  No

Has Individual been arrested in the last 30 days? Yes  No  Last 12 months? 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**

Currently Employed? Yes  No

If Yes, Part-Time or Full-Time? \_\_\_\_\_

Last 12 months? \_\_\_\_\_

Total Years Employed \_\_\_\_\_

Total # of jobs: \_\_\_\_\_

Additional Vocational History: \_\_\_\_\_

Current Daily Activity: \_\_\_\_\_

**Medical Information**

*Medical Alerts or Physical Disability* \_\_\_\_\_

Primary Family Doctor \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Referred by \_\_\_\_\_

Agency \_\_\_\_\_

Phone Number \_\_\_\_\_

Medicare: Yes  No

Medicaid: Yes  No

SSI: Yes  No

SSDI: Yes  No

How did you hear about Thunderbird Clubhouse? \_\_\_\_\_

What are your specific goals with Clubhouse? \_\_\_\_\_

**PLEASE DO NOT FAX REFERRALS.  
PLEASE MAIL ALL REFERRALS TO P.O. BOX 1666 NORMAN, OK 73070.  
OR  
EMAIL THEM TO REFERRALS@THUNDERBIRDCLUBHOUSE.ORG**