

THUNDERBIRD CLUBHOUSE REFERRAL FORM



WHAT MAKES THE CLUBHOUSE A SPECIAL COMMUNITY?

- You are welcome to be here as a member and not a client or patient
- We are **not clinical treatment**
- We **do not** provide immediate housing services
- Our focus is on relationships, skills, and your strengths - **not** your diagnosis or symptoms
- Attendance is voluntary; you can attend as often as you like for as long as you like
- A safe place to engage with others free from judgement
- A community of peers
- All decisions are made by consensus; your voice and opinions matter!

WHAT KIND OF BENEFITS AND HELP CAN YOU GET AT THE CLUBHOUSE?

Our members receive support in many ways by being a part of the clubhouse. These benefits include:

- Engaging in meaningful work
- Meeting new people and potential friends
- Accessing employment supports
- Accessing housing opportunities/supports
- Gaining more confidence
- Completing short and long-term goals
- Learning to be more independent
- Belonging to a community to prevent from isolating
- Accessing nutritious low cost meals
- Accessing vocational rehabilitation opportunities
- Accessing wellness activities
- Accessing educational resources/supports

HERE'S WHAT WE ASK OF MEMBERS: (Please check all that apply)

- Be at least 18 years old and have a persistent mental illness
- Be willing to help with the work-ordered day (WOD)
- Be willing to refrain from alcohol/illegal drug use while at Clubhouse
- Be active in your own personal wellness and recovery plan
- Be able to provide your own physical self-care while at Clubhouse (activities of daily living)
- Be able to regulate emotions and not be in acute crisis. We are not a crisis center.

THE CLUBHOUSE IS A SUPPORTIVE COMMUNITY FOR ADULTS LIVING WITH PERSISTENT MENTAL ILLNESS

Mental illness is complex and often misunderstood:

- Mental illness is **not** an intellectual, learning, or developmental disorder
- You can have a history of substance use and **not** have a mental illness
- Autism spectrum disorders alone are **not** a qualifying diagnosis
- Traumatic brain injury alone is **not** a qualifying diagnosis
- If you have one of the conditions above, the Clubhouse may not be right for you.

At Thunderbird Clubhouse, we serve individuals with a primary diagnosis including but not limited to the following types of conditions:

- Schizophrenia and other Psychotic Disorders
- Bipolar and related Mood/Depressive Disorders
- Anxiety Disorders
- Post-Traumatic Stress Disorder

I, _____, affirm that the information disclosed in this referral is accurate to the best of my knowledge.

(Healthcare Professional, Print Name)

(Healthcare Professional, Signature)

(Date)

Thunderbird Clubhouse Referral Form

Demographics

Prospective Member's Name _____ Date of Referral _____

Maiden Name _____ Pronouns _____

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 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? _____

Will you be requesting special accommodations? _____

**PLEASE DO NOT FAX REFERRALS. PLEASE MAIL ALL REFERRALS TO P.O. BOX 1666
NORMAN, OK 73070.**

OR

EMAIL THEM TO REFERRALS@THUNDERBIRDCLUBHOUSE.ORG

Physical Location: 1251 Triad Village Dr. Norman, OK 73071