



NEW LEAF CLUBHOUSE

1113 – 6th Ave., New Westminster, BC V3M 2B7
 Telephone: (604) 526.1007 Fax: (604) 526.1008
 Fraserside Website: www.fraserside.bc.ca

CLUBHOUSE REFERRAL FORM

Date: _____

Name (person requesting service):		Date of Birth: dd / mm / yy		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address:		Phone Number:		E-mail Address (optional):	
Cultural Group¹ you identify with (please refer to definition provided below) – optional: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Aboriginal <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Latin American <input type="checkbox"/> Arab/West Asian					
Mental Health (MH) Centre:		Case Manager:	GP (Family Doctor):		Psychiatrist:
Emergency Contact:		Relationship:		Phone Number:	
Type of Accommodation (optional): <input type="checkbox"/> Alone <input type="checkbox"/> Family <input type="checkbox"/> Residential Facility <input type="checkbox"/> With others: _____					
Family/Social (optional): <input type="checkbox"/> Single <input type="checkbox"/> married/common-law # of children: _____ Significant family relationships: _____ Specific social supports (e.g. friends, church): _____					
Pertinent Medical Information (physical limitations, allergies/seizures, etc):					
What mental health issues impact your life?					
When should we contact your case manager?					
Why would you like to attend the clubhouse program? ----- What are some of the things you are interested in?					
What could prevent you from attending the clubhouse (e.g., transportation, language difficulties, childcare, etc)?					
Highest educational level completed (optional, e.g. for upgrading purpose):			Source of Income (optional):		
What are some factors or challenges that may have interfered with your wellness? (e.g., suicidal thoughts, alcohol and/or drug use, violent acts towards others or personal property, involvement with the criminal justice system, etc.) ----- If you identified any challenge/s above, what kind of support/s are you currently receiving?					
I understand that by signing this referral, I am also authorizing the Mental Health Centre and/or Referral Source or Agency staff to exchange relevant information as the need arises. This authorization expires when membership ends.					
_____ <i>Signature of Client</i>			_____ <i>Signature of MH Case Manager, Referral Source or Agency Staff</i> (please print)		

¹ Definition of Cultural Groups:
South Asian – e.g., East Indian, Pakistani, Sri Lankan, etc. West Asian – e.g., Iranian, Afghani, etc. Southeast Asian – e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.