

CLUBHOUSE REFERRAL FORM
SEND REFERRAL TO
Fraser Health Access Line
Fax: 604-532-6579 or Phone 1-833-866-6478



New Member Information		
Name (person requesting service): <i>(Please Print)</i>	Date of Birth: (DD/MM/YYYY) PHN:	My gender is: My pronouns are:
Home Address:		Phone #:
Email Address: ☐ I consent to receiving information by email	☐ I am also interested in participating in virtual/online clubhouse services	Preferred method of contact: ☐ Phone ☐ Text ☐ Email
Self Identified Cultural or Ethnic Group: (Check more than one if necessary)		
☐ First Nations ☐ White ☐ Filipino ☐ South Asian ☐ Black ☐ Metis ☐ Arab ☐ Latin American ☐ Southeast Asian ☐ Chinese ☐ Inuit ☐ West Asian ☐ Korean ☐ Japanese ☐ Other _____		
Referral Source Information		
Referring source name and role	Best form of contact	Length of relationship with referred member ☐ 0-3 Months ☐ 3-12 Months ☐ >12 months
Other Supports and Housing		
Other important members of my healthcare team or community services include: (Occupational Therapist, Recreation Therapist, WorkBC, Support groups, Counsellor, Family doctor, Case manager, Vocational Counsellor)		
Supports I have in my personal life include: (Family members, friends, spiritual or religious connections, neighbours, pets)		
In an emergency please contact		
Name _____ Relationship _____ Phone number _____		
Type of housing ☐ Alone ☐ Family ☐ Supported housing program ☐ Roommate or Friends ☐ Other _____		
Recovery and Wellness Information		
What areas of your life would you like support in? (Check more than one if necessary)		
☐ Mental health and wellness ☐ Going out into your community ☐ Volunteering, education, or work ☐ Fun and recreation ☐ Spirituality and personal growth ☐ Friends and family ☐ Personal relationships ☐ Home and life skills ☐ Physical health ☐ Finances ☐ Technology skills ☐ Other _____		
Do you have a goal that you are working on, or you would like to start? ☐ Yes My goal is _____		

CLUBHOUSE REFERRAL FORM

☐ No I would like help with this. I am interested in: _____

What might make connecting with clubhouse difficult?

(e.g., transportation, language, childcare, meeting new people or going to new places)

Other important health information

(e.g., mental and physical health challenges, allergies, specific needs)

Maintaining Mental Health and Wellness**What are some supports or skills that help you with your mental health?**

(Counselling, time with friends and family, mindfulness, WRAP, spiritual practices, yoga, walking, art, writing, spending time outside)

How might the clubhouse team know when you are not feeling mentally well? (Talking more or less, changes in mood, moving around more or less, not showing up, spending more money than usual, changes in my routine)

What can our team do to help you if you need some extra support?

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.

Signature of member

Signature of referral source

Date (DD/MM/YYYY)

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