



HOPE Clubhouse
 3602 Broadway Ave.
 Fort Myers, Florida, 33901
 Phone: 239-267-1777
 Fax: 239-267-1779
 Website: www.hopeclubhouse.org
 Email: info@hopeclubhouse.org

Membership Requirements:
 1. Referral Form signed by psychiatrist
 2. Psychiatric Evaluation (most recent)

REFERRAL FORM

PROSPECTIVE MEMBER INFORMATION

_____ (name) _____ (date of birth)
 _____ (address) _____ (social security number)
 _____ (city) _____ (state) _____ (zip code) _____ (phone number)

<u>DIAGNOSIS</u>	<u>MEDICATIONS</u>
Axis I _____	1. _____
Axis II _____	2. _____
Axis III _____	3. _____
Axis IV _____	4. _____
Axis V _____	5. _____

Medicaid Recipient? yes no IF YES: HMO _____ (name) Value Options Fee for service

Reason for Referral/Goals: _____

RISK ASSESSMENT:

BEHAVIOR	HISTORY	CURRENT ACTIVITY LEVEL			
violence	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> none	<input type="checkbox"/> minimal	<input type="checkbox"/> moderate	<input type="checkbox"/> high
suicide attempt(s)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> none	<input type="checkbox"/> minimal	<input type="checkbox"/> moderate	<input type="checkbox"/> high
alcohol/drug abuse	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> none	<input type="checkbox"/> minimal	<input type="checkbox"/> moderate	<input type="checkbox"/> high
sexual exploitation	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> none	<input type="checkbox"/> minimal	<input type="checkbox"/> moderate	<input type="checkbox"/> high

Describe any legal involvement: _____
 Comments on any of above: _____

PSYCHIATRIST INFORMATION - PLEASE FILL OUT COMPLETELY

_____ (name) _____ (phone)
 _____ (address) _____ (date)
 _____ (city) _____ (state) _____ (zip code)

_____ psychiatrist signature

(use additional paper, if necessary, for any aspect of this referral form)