Hope Clubhouse
3602 Broadway Ave
Fort Myers, FL 33901
Phone: 239-267-1777
Fax: 239-267-1774
www.hopeclubhouse.org

Membership Requirements:
1. Referral Form signed by Clinician
2. Psychiatric Evalulation (most recent)

REFERRAL FORM

PROSPECTIVE MEMBER INFORMATION

(NAME) (DATE OF BIRTH)

(ADDRESS) (SOCIAL SECURITY NUMBER)

(CITY) (STATE) (ZIP) (PHONE NUMBER)

DIAGNOSIS **MEDICATION**

Axis I		1	
Axis II		2	
Axis III		3	
Axis IV		4	
Axis V		5	

Medicaid Recipient? □ Yes □ No □ HMO _____

Reason for Referral/Goal: _____

RISK ASSESSMENT

BEHAVIOR	HISTORY	CURRENT ACTIVITY LEVEL
Violence	□ Yes □ No	□ None □ Minimal □ Moderate □ High
Suicide attempt(s)	□ Yes □ No	□ None □ Minimal □ Moderate □ High
Alcohol/drug abuse	□ Yes □ No	□ None □ Minimal □ Moderate □ High
Sexual Exploitation	□ Yes □ No	□ None □ Minimal □ Moderate □ High

Describe any legal involvement: _____

Comments on any of above: _____

MENTAL HEALTH PROVIDER INFORMATION- PLEASE FILL OUT COMPLETELY

(NAME) (PHONE)

(ADDRESS) (DATE)

(CITY) (STATE) (ZIP CODE) MENTAL HEALTH PROVIDER SIGNATURE