

Abby House phone #: 604-850-1235

Address: 2676 Gladys Ave, Abbotsford BC V2S 3X8

Fax #: 604-850-1190

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: <input type="checkbox"/> I consent to receiving information by email	<input type="checkbox"/> 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)		
<input type="checkbox"/> First Nations <input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/> South Asian <input type="checkbox"/> Black <input type="checkbox"/> Metis <input type="checkbox"/> Arab <input type="checkbox"/> Latin American <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Inuit <input type="checkbox"/> West Asian <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____		
Referral Source Information		
Referring source name and role	Best form of contact	Length of relationship with referred member <input type="checkbox"/> 0-3 Months <input type="checkbox"/> 3-12 Months <input type="checkbox"/> >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)		
<input type="checkbox"/> Mental health and wellness <input type="checkbox"/> Going out into your community <input type="checkbox"/> Volunteering, education, or work <input type="checkbox"/> Fun and recreation <input type="checkbox"/> Spirituality and personal growth <input type="checkbox"/> Friends and family <input type="checkbox"/> Personal relationships <input type="checkbox"/> Home and life skills <input type="checkbox"/> Physical health <input type="checkbox"/> Finances <input type="checkbox"/> Technology skills <input type="checkbox"/> Other _____		
Do you have a goal that you are working on, or you would like to start?		
<input type="checkbox"/> Yes My goal is _____		
<input type="checkbox"/> 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 Ethinc 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