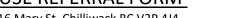


CLUBHOUSE REFERRAL FORM

Cheamview phone #: 604-850-1235



Address: 8916 Mary St, Chilliwack BC V2P 4J4



Fax #: 604-850-1190

New Member Information				
Name (person requesting service):	Date of Birth: (DD/MM/YYYY)	My gender is:		
(Please Print)				
	PHN:	My pronouns are:		
		Phone #:		
Home Address: Phone #:				
Email Address:	I am also interested in	Preferred method of contact:		
	participating in virtual/online	2		
I consent to receiving information by email	clubhouse services	_ 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 🛛 South	east Asian 🛛 Chinese		
🗆 Inuit 🗆 West Asian 🗆	Korean 🗌 Japan	ese 🛛 Other	_	
Referral Source Information				
Referring source name and role	Best form of contact	Length of relationship with referred	1	
		member		
		0-3 Months 3-12 Month	۱S	
		□ >12 months		
	Other Supports and Housing			
Other important members of my healthcare tea (Occupational Therapist, Recreation Therapist, WorkBC, Supp	-	manager, Vocational Counsellor)		
Supports I have in my personal life include: (Family members, friends, spiritual or religious connections, r	neighbours nets)			
In an emergency please contact				
Name Relationship Pho		Phone number	_	
Type of housing Alone Family Supported housing program Roommate or Friends Other				
Deservery and Wally are information				
Recovery and Wellness Information What areas of your life would you like support in? (Check more than one if necessary)				
what areas of your me would you like supp				
Mental health Going c	out into 🛛 🗆 Volunteerir	ng,		
	mmunity education,			
 Spirituality and Friends 	and 🗌 Personal	Home and life skills		
personal growth family	relationshi			
Physical health	es 🗌 Technology	skills 🛛 Other	_	
Do you have a goal that you are working on, or you would like to start?				
Yes My goal is				
No I would like help with this. I an	intoracted in:			





What might make connecting with clubhou	
(e.g., transportation, language, childcare, meeting new	w people or going to new places)
Other important health information	
(e.g., mental and physical health challenges, allergies,	specific needs)
Maint	taining Mental Health and Wellness
What are some supports or skills that help	
(Counselling, time with friends and family, mindfulnes	ss, WRAP, spiritual practices, yoga, walking, art, writing, spending time outside)
How might the clubhouse team know wher	n you are not feeling mentally well? (Talking more or less, changes in mood,
moving around more or less, not showing up, spendin	
What can our team do to halp you if you po	and some overa support?
What can our team do to help you if you ne	eu some extra support?
	am also authorizing the mental health centre/referral source and the
authorization expires when membership to	mation as the need arises to support an integrated team approach. This the clubbouse program ends
Signature of member	Signature of referral source
Signature of member	Signature of referral source
	Signature of referral source
	Signature of referral source
Signature of member Date (DD/MM/YYYY)	
Date (DD/MM/YYYY)	

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