



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