SOCIAL CLUBHOUSE REFERRAL FORM

Date of Full Admission: _____

Case Manager (Social Clubhouse): _____ **Driver:** _____

Contact Person: Lori Fortunato, Intake Worker

Referral Source: _____

Referral Source Address: _____

Referral Source Phone: _____ Fax: _____

Reason for referral: _____

If a re-admission, reason for re-admission (chain of events since Consumer left program): _____

_____

Referral Source: _____

CONSUMER'S NAME: _____ **IS CONSUMER OWN LEGAL GUARDIAN ___YES ___NO**

Date of Birth: _____ Male ( ) Female ( ) Social Security Number: _____

Address: _____ City: _____ Zip Code: _____

County: _____ Phone: _____

CONTACT PERSON: _____ **PHONE:** _____

Medicaid #: _____ **Medicaid Control #:** _____

Ethnicity: ( ) White/Caucasian ( ) Hispanic/Latino ( ) Asian ( ) African/Caribbean American
( ) Indian/Pakistani ( ) Pacific Islander ( ) Afro-American ( ) Other: _____

NAME OF DIAGNOSIS: (also provide appropriate code below)

DIAGNOSIS CODE(S): _____

Was recent EKG performed? ☐ YES ☐ NO Date: _____ Where: _____

Was recent Bloodwork performed? ☐ YES ☐ NO Date: _____ Where: _____

Substance Abuse: _____

_____

Medication (both psych and non-psych): _____

_____

How much medication does Consumer have left: _____

Violent History (explain): _____

_____

Serious Medical Condition(s): _____

_____

Allergies: _____

Does consumer require special accommodations such as a seat belt extender on the van? _____

PACT Consumer? _____ **ICMS Consumer?** _____ **DDD Consumer?** _____

Primary Psychiatrist: _____ Phone: _____

Will consumer continue with this Psychiatrist or have medication monitoring by Social Clubhouse Program Psychiatrist, Dr. Danilo T. Campos? _____

Primary Physician: _____ Phone: _____

Pharmacy Name: _____ Address: _____

Pharmacy Phone #: _____ Pharmacy Fax #: _____

Hospitals: (2 most recent) _____

Comments: _____

_____

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PLEASE FAX OR MAIL DISCHARGE SUMMARY OR PSYCHO-SOCIAL HISTORY, MEDICATION HISTORY, BLOODWORK, AND EKG LAB RESULTS