



IRIS CLUBHOUSE

Community Referral

Date:

Referring Agency / Organization:

Contact Person and Title:

Contact Information (Phone / Email):

Client Information:

Client Name:

DOB:

Client Phone Number:

Alternate Contact Method (if no phone):

OK to leave a message? (Yes / No):

Mental Health History:

Do you have any mental health knowledge about the client? If yes, please specify:

Purpose of Referral:

Why are you referring this individual to Iris Clubhouse?

Current Living Situation:

What is the individual's current living situation? (Iris Clubhouse is not a shelter.)

Other Agencies Involved:

Behavioral Concerns:

Are there any behavioral concerns? (Yes / No). If yes, please specify:

Physical Health Issues:

Are there any physical health issues we should be aware of?

History of Hospitalization or Incarceration (if known, estimated month/year):

Additional Information: