



IRIS CLUBHOUSE

Referral for Iris Clubhouse Membership

To be completed by a licensed professional for enrollment purposes

Name of Client:

DOB:

How long have you known the applicant?

How to contact?

Current Psychiatric Diagnosis (ICD-10):

Type Diagnosis / ICD-10 Code

Primary

Secondary

Tertiary

Medical

Risk Alerts (check if no past or current aggressive or violent history):

History or current threats of aggression or violence:

Applicant's current needs and challenges:

Ability to engage in an unstructured community setting:

Additional treatment programs or supports:

Anything else important to know about the applicant:

Attestation of Licensed Professional

Printed Name:

Date:

Signature: