



IRIS CLUBHOUSE

Referral for Iris Clubhouse Membership

The following must be completed by a licensed professional, (LCSW, LMHC, MD, NP, or similar), for enrollment purposes to the Iris Clubhouse, which utilizes community as a primary tool towards recovery. Its' purpose is to ensure the applicant meets criteria and the clubhouse is a positive, rehabilitative, and safe environment for all.

Name of Client: _____ DOB: _____

How long have you known the applicant?: _____ How to contact?: _____

	Current Psychiatric Diagnosis:	ICD 10 Code:
Primary:		
Secondary:		
Tertiary:		
Medical:		

Risk Alerts: No past or current aggressive or violent history (check here)

Please describe any history or current threats of aggression or violence including arson, theft, and inappropriate sexual behavior and how these are being or have been addressed clinically:

Describe the applicant's current needs and challenges:

Describe the applicant's ability to engage in an unstructured community setting:

Describe additional treatment programs or supports the applicant is already receiving or is recommended:



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Is there anything else that is important for us to know about the applicant?:

Attestation of Licensed Professional:

Print

Name: _____ Date: _____

Signature: _____ License Number: _____

Agency: _____ License Type: _____

Email: _____ Phone: _____