



IRIS CLUBHOUSE

239 E. H St, Casper, WY 82601
Irisclubhouse.org

307-333-2507
outreach@irisclubhouse.org

Community Referral

Date: _____
Referring Agency/Organization: _____
Contact Person and Title: _____
Contact Information (Phone/Email): _____

Client Information:

Client Name: _____
DOB: _____
Client's 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? (e.g., employment support, reduce isolation, build self-esteem, etc.) _____

Current Living Situation:

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

Other Agencies: What other agencies are involved? _____

Behavioral Concerns:

Are there any behavioral concerns that the Clubhouse should be aware of? (e.g., violence, theft, sexually inappropriate behavior, etc.) (Yes/No) If yes, please specify: _____

Physical Health Issues:

Does the individual have any physical health issues that we should be aware of? (e.g., seizure disorder, diabetes, mobility issues, visual/hearing impairments, etc.) If yes, list out known: _____

History of Hospitalization or Incarceration: If known, estimated month/year _____

Additional Information: _____
