

SEACOAST PATHWAYS

A Peer Community for Mental Health Recovery

Send completed referral to:

Confidential email: astrachan@granitepathways.org

Mail: Director, Seacoast Pathways, 155 Brewery Lane, Suite 102, Portsmouth, NH 03801

Director: Ann Strachan 603-748-8955

***To be completed by a professional clinician who has access to individual's psychiatric records.
All referral information is secured in confidential files.***

NEW MEMBER DATA
Name: _____
Address: _____ _____
Email: _____
Phone: _____
DOB: _____
Signature for Referral Consent: _____

CLINICAL REFERRAL SOURCE
Name: _____
Agency: _____
Agency Address: _____ _____
Email: _____
Phone _____

Member's Primary Care Physician: _____
Agency: _____
Address _____
_____ Phone _____

Clubhouse services are not appropriate for individuals who exhibit:

- Behaviors that would threaten or pose a current health and safety risk to themselves or others
- A severity of symptoms requiring a more intensive level of treatment
- Behaviors that disrupt the daily work of the Clubhouse
- Behaviors that require excessive redirection and/or monitoring

SEACOAST PATHWAYS

Today's Date _____

Primary Psychiatric Diagnosis _____

Secondary Diagnosis _____

Substance Abuse History

Allergies/Other Medical/Physical Issues:

Current Treatment Receiving (if any): _____

Is prospective member in recovery? _____

Does Prospective Member Have Any Medical, Physical or Communication Issues That May Affect His/her Participation in The Program? YES NO Please Explain:

Please Include Below Any Other Information That Will Assist In This Person's Recovery Process (including social determinants) _____

Do you feel your client can engage in a Clubhouse whose policies include zero tolerance for drugs and alcohol on the premises, non-violence, appropriate communication, and respect for others?

Yes Not at this time

To your knowledge, has this individual been a victim of a crime (for example: any type of abuse, domestic violence, robbery or assault)? Yes No Unknown (This info is kept anonymous and used for funding purposes)

Signature _____ Date _____

Title _____

Prospective members and those who refer them are always welcome to visit or call the Seacoast Pathways Clubhouse. Prospective members may bring the referral form with them or the referral may be sent by the referring clinician. Scan and email encrypted to astrachan@granitepathways.org. Membership is free, and attendance is not mandatory. If you would like to speak with a staff generalist, please call (603-570-5804) during clubhouse hours. Ask to speak with a staff person or Director. Prospective members are encouraged to visit. Drop in Monday to Friday 9:30 am to 2:45 pm.