

# SEACOAST PATHWAYS

A supportive community for those with **mental illness** and **acquired brain disorders**.

Send completed referral to:

**Confidential email:** [astrachan@granitepathways.org](mailto:astrachan@granitepathways.org) (Scan and email **encrypted**)

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

Director: Ann Strachan, 603-748-8955

***This is to be completed by a professional clinician who has access to the individual's psychiatric and/or medical records. All referral information is secured in confidential files.***

## NEW MEMBER DATA

Name:

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Address:

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Email:

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Phone:

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DOB:

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Signature for Referral Consent:

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## CLINICAL REFERRAL SOURCE

Name:

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Agency:

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Agency Address:

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Email:

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Phone:

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### To be eligible for membership at Seacoast Pathways individual's must:

- Be 18 years of age or older.
- You are safe to self and others without direct supervision.
- Desire to participate in productive activity and work with peers toward a common goal.
- Independent with assistive devices and/or personal adaptive equipment.

### Clubhouse services are not appropriate for individuals who exhibit:

- Actions 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
- Actions that disrupt the daily work of the Clubhouse such as excessive redirection and/or monitoring
- Those not independent with ADLs (unless accompanied by a personal care assistant), or self-administration of medication

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Today's Date \_\_\_\_\_

Psychiatric Diagnosis: Yes \_\_\_ No \_\_\_ \_\_\_\_\_

Acquired Brain Disorder Diagnosis: Yes \_\_\_ No \_\_\_ \_\_\_\_\_

Reported, Observed, or Known Substance Abuse History:

Allergies/Other Medical/Physical Issues:

Current Treatment Receiving (if any): \_\_\_\_\_

Is prospective member in recovery? \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Does Prospective Member Have Any Medical, Physical or Communication Issues That May Affect Their 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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Prospective members and those who refer them are always welcome to contact Seacoast Pathways Clubhouse to schedule a tour. 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 (603-570-9804) during clubhouse hours. Ask to speak with a staff person or Director. Prospective members are encouraged to call or email to schedule a tour.

*"The preparation of this document was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.*

