

SEACOAST PATHWAYS

A supportive community for those with a **mental health diagnosis** and **acquired brain injuries**.

Send completed referral to:

Confidential email: 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:

Address:

Email:

Phone:

DOB:

Signature for Referral Consent:

CLINICAL REFERRAL SOURCE

Name:

Agency:

Agency Address:

Email:

Phone

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 ___ _____

Brain Injury Diagnosis: Yes ___ No ___ _____

DD/IDD Diagnosis: Yes ___ No ___ _____

Reported, Observed, or Known Substance Misuse 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.

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