

SEACOAST PATHWAYS

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

Send completed referral to:

Confidential email: jrouthier@granitepathways.org (Scan and email **encrypted**)

Mail: Manager, 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 Clubhouse individuals 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.
- Be independent with assistive devices or be accompanied by a personal assistant.

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

SEACOAST PATHWAYS

Today's Date _____

Primary Psychiatric Diagnosis: Major Clinical Depression Bipolar Disorder Schizophrenia Schizoaffective Disorder

Other Psychiatric Diagnosis: _____

Extent of ADLs impacted by SPMI or SMI: _____

Acquired/Traumatic Brain Injury: Yes__ No__ _____

Developmental Disability Diagnosis: Yes__ No__ _____

Is individual connected to a CMHC or Area Agency?: Yes__ No__ Name of Agency: _____

Reported, Observed, or Known Substance Abuse History: _____

Is prospective member in recovery? Yes__ No__ _____

Allergies/Other Medical/Physical Issues: _____

Current Treatment Receiving (if any): _____

Reason for Referral: (Please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Basic Living Skills | <input type="checkbox"/> Therapeutic Socialization Skills | <input type="checkbox"/> Mental Illness Management |
| <input type="checkbox"/> Employment Support | <input type="checkbox"/> Independent Living Support | <input type="checkbox"/> Prevent Psychiatric Hospitalization |
| <input type="checkbox"/> Pre-vocational Training | <input type="checkbox"/> Develop Recovery Plan | <input type="checkbox"/> Improve Self-Confidence/Motivation |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Reduce Negative Symptoms | <input type="checkbox"/> Prevent Isolation |
| <input type="checkbox"/> Medication Support/Education/Compliance | | <input type="checkbox"/> Improve Cognitive/Concentration Skills |
| <input type="checkbox"/> Managing Symptoms that interfere with Reintegration | | <input type="checkbox"/> Other _____ |

Does Prospective Member Have Any Medical, Physical or Communication Issues That May Affect Their Participation in The Program?

YES NO Please Explain:

Medicaid YES__ NO__ If Yes, Medicaid # _____ MCO: _____

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.

