MANCHESTER CLUBHOUSE

A supportive community for those with **mental illness** and **brain injuries.**
Send completed referral to:

Confidentialemail: skelley@granitepathways.org (Scanand email **encrypted)**
Mail: Manager, Manchester Pathways Clubhouse, 60 Rogers Street, Unit 204, Manchester, NH 03103

Manager: Susan Kelley, 603-361-0030

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 Manchester 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

MANCHESTER CLUBHOUSE

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: _____

Brain Injury Diagnosis: 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 the prospective member in recovery? Yes___ No___ _____

Allergies/Other Medical/Physical Issues:

_____

_____

Current Treatment Receiving (if any): _____

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

___BasicLiving Skills
___Employment Support
___Pre-vocational Training
___Interpersonal Skills
___Medication Support/Education/Compliance
___Managing Symptoms that interfere with Reintegration
___Therapeutic Socialization Skills
___ Independent Living Support
___Develop Recovery Plan
___Reduce Negative Symptoms
___Mental Illness Management
___Prevent Psychiatric Hospitalization
___Improve Self-Confidence/Motivation
___Prevent Isolation
___Improve Cognitive/ConcentrationSkills
__ 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 #_____ Please select: NHHF Wellsense Amerihealth

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 Manchester 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 jrouthier@granitepathways.org. Membership is free with no direct cost to the member, and attendance is not mandatory. If you would like to speak with a staff generalist, please call (603-263-1300) during clubhouse hours. Ask to speak with a staff person or Director. Prospective members are encouraged to call or email to schedule a tour.