

SEACOAST CLUBHOUSE

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

Send completed referral to:

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

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

Manager: Jack Staier, 603-519-8919

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 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

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):

- | | | |
|--|---|---|
| ☐ Basic Living Skills | ☐ Therapeutic Socialization Skills | ☐ Mental Illness Management |
| ☐ Employment Support | ☐ Independent Living Support | ☐ Prevent Psychiatric Hospitalization |
| ☐ Pre-vocational Training | ☐ Develop Recovery Plan | ☐ Improve Self-Confidence/Motivation |
| ☐ Interpersonal Skills | ☐ Reduce Negative Symptoms | ☐ Prevent Isolation |
| ☐ Medication Support/Education/Compliance | | ☐ Improve Cognitive/Concentration Skills |
| ☐ Managing Symptoms that interfere with Reintegration | | ☐ 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 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 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 (603-570-9804) during clubhouse hours. Ask to speak with a staff person or Director. Prospective members are encouraged to call or email to schedule a tour.