

**Referral Form**

Referred By: \_\_\_\_\_ Referral Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**\*\*\*Mental Health Diagnosis documentation is required for all Clubhouse members.**  
**\*\*\*Please attach documentation to this referral.**

Member's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Living Situation:  Homeless  Lives with Relatives  Group Home  Independent

Employed?  Yes  No If Yes, Where? \_\_\_\_\_ How Long? \_\_\_\_\_

Source of Income: \_\_\_\_\_ Amount: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Date of Last Hospitalization: \_\_\_\_\_ Where? \_\_\_\_\_

Precipitating Factors: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_

Reason for Referral (Please check all that apply):

- Socialization Skills  Interpersonal Skills  Prevent Psychiatric Hospitalization
- Employment Support  Prevent Isolation  Improve self-confidence/motivation
- Improve cognitive/concentration skills  Independent Living Support
- Managing Symptoms that interfere with education or employment
- Other: \_\_\_\_\_

Is there a history of substance abuse, violent behavior, or suicide attempts?

Please explain: \_\_\_\_\_

**Miracle Clubhouse**  
 243 Warren St.  
 Dayton, OH 45402  
 Phone (937) 262-7983  
 Fax (937) 223-2486

**For Questions Contact:**  
 Kathy Trick or  
 Clubhouse Coordinator  
 (937) 262-7983  
[k.trick@gesmv.org](mailto:k.trick@gesmv.org)

Dawn Cooksey  
 Dir of Behavioral Health  
 (937) 528-6310  
[d.cooksey@gesmv.org](mailto:d.cooksey@gesmv.org)