



Cornerstone Clubhouse Referral Form

Return completed form to: 1041 W. Bridge St. Suite 10, Phoenixville, PA. 19460

Enclose: Insurance card copy _____ Medication Sheet _____ Psychiatric Evaluation _____

Recommendation from your doctor for Clubhouse/Psychiatric Rehabilitation _____

Fax: 610-935-2393 Phone: 610-935-2290 E-mail: cornerstoneclubhousepa@gmail.com

Please complete all items legibly. Use "None" or not applicable "N/A" as needed.

Applicant Name _____ BSU# _____
Phone _____ Social Security# _____
Address _____ City _____
State, Zip Code _____ Birth Date _____
Emergency Contact _____ Phone _____
Address _____

Functional Assessment & Reason for Referral:

KEY TO WANTS/NEEDS:	No Interest	No Help	Mild	Moderate	Extensive
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1. Vocational Assistance/Skills/Supports Desired _____

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2. Educational Assistance/Skills/Supports Desired _____

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3. Living Assistance/Skills/Supports Desired _____

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4. Wellness/Manage Illness Assistance/Skills/Supports Desired _____

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5. Social Assistance/Skills/Supports Desired _____

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Means of Transportation _____

Source of Income: Public Assistance _____ SSI _____ SSDI _____ VA _____
Job _____ Other _____

Health Insurance:

MA Access# _____ MA HMO _____

Medicare _____ Medicare HMO _____

Private Health Insurance Plan & # _____

Behavioral Healthcare Information:

Axis I _____ DSM# _____

Axis II _____ DSM# _____

Axis III _____

Medical conditions, allergies, other disabilities _____

Axis IV _____

Axis V _____

Current D & A Usage:

Type _____ Frequency _____

Treatment _____ 12-Step Meetings? Yes _____ No _____

Length of sobriety _____

Current Treatment & Services

Type _____ Primary Contact _____ Phone _____

Primary Care Physician _____

Psychiatrist _____

Case Manager _____

Outpatient Commitment _____ Dates _____

Medications:

Name	Dosage	Frequency

Additional Behavioral Information (Give a brief explanation.)

Presence of significant harm to self, others, property, or unusual behaviors (When?)

Incidences of violence, arrests, prison terms, fire setting, fire safety. (When?)

Current legal involvement (DUI, custody, parole, etc.)

*****Notice to Clubhouse Applicant*****

Cornerstone's Membership (Members & Staff) process all referrals and applications. The Clerical Unit is responsible for new member procedures, orientation, and upkeep of member records. All members are informed of the confidential nature of this information.

Signature of Applicant_____ Date_____

Signature of Referral Source_____ Print Name_____

Address_____ Phone_____

To schedule an appointment, please call ___Applicant ___Referral Source

