Abby House phone #: 604-850-1235 Address: 2676 Gladys Ave, Abbotsford BC V2S 3X8 Fax #: 604-850-1190

| **New Member Information** | | |
| --- | --- | --- |
| **Name** (person requesting service):  *(Please Print)* | **Date of Birth**: (DD/MM/YYYY)  **PHN:** | My gender is:  My pronouns are: |
| **Home Address:** | | **Phone #:** |
| **Email Address:**   * I consent to receiving information by email | * I am also interested in participating in virtual/online clubhouse services | Preferred method of contact:  \_ Phone \_ Text \_ Email |
| **Self Identified Cultural or Ethnic Group**: (Check more than one if necessary)   | * First Nations | * White | * Filipino | * South Asian | * Black | | --- | --- | --- | --- | --- | | * Metis | * Arab | * Latin American | * Southeast Asian | * Chinese | | * Inuit | * West Asian | * Korean | * Japanese | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Referral Source Information** | | |
| **Referring source name and role** | **Best form of contact** | **Length of relationship with referred member**   * 0-3 Months € 3-12 Months * >12 months |
| **Other Supports and Housing** | | |
| **Other important members of my healthcare team or community services include:**  (Occupational Therapist, Recreation Therapist, WorkBC, Support groups, Counsellor, Family doctor, Case manager, Vocational Counsellor) | | |
| **Supports I have in my personal life include:**  (Family members, friends, spiritual or religious connections, neighbours, pets) | | |
| **In an emergency please contact**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Type of housing** \_\_\_ Alone \_\_\_ Family \_\_\_ Supported housing program \_\_\_ Roommate or Friends \_\_\_\_\_\_\_\_\_\_\_\_\_Other | | |
| **Recovery and Wellness Information** | | |
| **What areas of your life would you like support in?** (Check more than one if necessary)   | * Mental health and wellness | * Going out into your community | * Volunteering, education, or work | * Fun and recreation | | --- | --- | --- | --- | | * Spirituality and personal growth | * Friends and family | * Personal relationships | * Home and life skills | | * Physical health | * Finances | * Technology skills | * Other \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Do you have a goal that you are working on, or you would like to start?**   * Yes My goal is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No I would like help with this. I am interested in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **What might make connecting with clubhouse difficult?**  (e.g., transportation, language, childcare, meeting new people or going to new places) | | |
| **Other important health information**  (e.g., mental and physical health challenges, allergies, specific needs) | | |
| **Maintaining Mental Health and Wellness** | | |
| **What are some supports or skills that help you with your mental health?**  (Counselling, time with friends and family, mindfulness, WRAP, spiritual practices, yoga, walking, art, writing, spending time outside) | | |
| **How might the clubhouse team know when you are not feeling mentally well?** (Talking more or less, changes in mood, moving around more or less, not showing up, spending more money than usual, changes in my routine)  **What can our team do to help you if you need some extra support?** | | |
| **I understand that by signing this referral, I am also authorizing the mental health centre/referral source and the clubhouse team to exchange relevant information as the need arises to support an integrated team approach. This authorization expires when membership to the clubhouse program ends.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of member Signature of referral source**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date (DD/MM/YYYY)** | | |

Cultural or Ethinc Groups Examples include:

Chinese: Chinese and Taiwanese

South Asian: Indian, Bangladeshi, Punjabi, Sri Lankan, Bengali, Pakistani, Nepalese, Sinhalese, Tamil

Black: African, Nigerian and Somali

Latin American: Chilean, Costa Rican, Mexican, Brazilian

Southeast Asian: Vietnamese, Cambodian, Malaysian, Laotian, Indonesian, Thai

Arab: Egyptian, Kuwaiti, Libyan, Iraqi, Lebanese, Algerian, Moroccan, Palestinian, Saudi Arabian, Syrian

West Asian: Afghan, Assyrian, Iranian, Armenian, Georgian, Israeli, Kurd, Pashtun, Turkish

Visible Minority Other: Pacific Islander, Polynesian, Guyanese

Multiple Visible Minorities: more than one visible minority