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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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| **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