

**CONFIDENTIAL**

**B'More Clubhouse  
Psychiatric Rehabilitation Program (PRP)  
Accredited by CARF and Clubhouse International**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_      **Personal Pronouns (please specify):** \_\_\_\_\_

**Gender Identity:** \_\_Female \_\_Male \_\_Transgender \_\_Nonbinary/other \_\_Decline to answer

**Marital Status:**

- \_\_\_ Single
- \_\_\_ Married
- \_\_\_ Domestic Partnership
- \_\_\_ Divorced
- \_\_\_ Other

**Ethnicity: (Optional)**

- \_\_\_ White/Caucasian
- \_\_\_ Black/African American
- \_\_\_ Latino/Hispanic
- \_\_\_ Asian
- \_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_ American Indian
- \_\_\_ Other: \_\_\_\_\_

**Residence Status:**

- \_\_\_ Alone
- \_\_\_ Family
- \_\_\_ Transitional Housing
- \_\_\_ Group Home
- \_\_\_ Shelter
- \_\_\_ Other: \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_  
\_\_\_\_\_

**Psychiatrist/Mental Health Professional:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Doctor:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contact Person:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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**B'MORE CLUBHOUSE**  
**REFERRAL FORM**

\*THIS FORM MUST BE FILLED OUT AND SIGNED BY A LICENSED MENTAL HEALTH PROFESSIONAL  
PLEASE ATTACH THE MOST RECENT CLINICAL ASSESSMENT TO THIS REFERRAL

Referred by: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Psychiatrist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Living Situation: \_\_\_\_\_ Stable: \_\_\_\_\_ Unstable: (please describe) \_\_\_\_\_

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

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

Does the individual have Medicaid? Y / N Medicaid #: \_\_\_\_\_

Diagnoses (Check All That Apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Schizophrenia (295.90/F20.9)   | <input type="checkbox"/> Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe (296.53/F31.4)       |
| <input type="checkbox"/> Schizophreniform Disorder (295.40/F20.81)  | <input type="checkbox"/> Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features (296.54/F31.5) |
| <input type="checkbox"/> Schizoaffective Disorder, Bipolar Type (295.70/F25.0)  | <input type="checkbox"/> Bipolar I Disorder, Current or Most Recent Episode Hypomanic (296.40/F31.0)               |
| <input type="checkbox"/> Schizoaffective Disorder, Depressive Type (295.70/F25.1)   | <input type="checkbox"/> Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified (296.40/F31.9)  |
| <input type="checkbox"/> Other Specified Schizophrenia Spectrum and Other Psychotic Disorder (298.8/F28)                  | <input type="checkbox"/> Bipolar I Disorder, Current or Most Recent Episode Unspecified (296.7/F31.9)              |
| <input type="checkbox"/> Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (298.8/F29)                      | <input type="checkbox"/> Unspecified Bipolar and Related Disorder (296.80/F31.9)                                   |
| <input type="checkbox"/> Delusional Disorder (297.1/F22)  | <input type="checkbox"/> Bipolar II Disorder (296.89/F31.81)   |
| <input type="checkbox"/> Major Depressive Disorder, Recurrent Episode, Severe (296.33/F33.2)                              | <input type="checkbox"/> Schizotypal Personality Disorder (301.22/F21)   |
| <input type="checkbox"/> Major Depressive Disorder, Recurrent Episode, With Psychotic Features (296.34/F33.3)             | <input type="checkbox"/> Borderline Personality Disorder (301.83/F60.3)  |
| <input type="checkbox"/> Bipolar I Disorder, Current or Most Recent Episode Manic, Severe (296.43/F31.3)                  | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Bipolar I Disorder, Current or Most Recent Episode Manic, With Psychotic Features (296.44/F31.2) | _____  |
|   | _____  |

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Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Referral:

- |                                       |                                     |   |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> ADL Support  | <input type="checkbox"/> Employment | <input type="checkbox"/> Social Skills      |
| <input type="checkbox"/> Education    | <input type="checkbox"/> Housing    | <input type="checkbox"/> Symptom Management |
| <input type="checkbox"/> Other: _____ |                                     |   |

Does he/she have a history of violent behavior? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does he/she have a history of suicide attempts? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does he/she have a history of alcohol and/or drug abuse? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature, Credentials/Title

\_\_\_\_\_  
Date

Please return this form to: Theresa Bell, Program Coordinator – Membership

B'More Clubhouse, 9 E. Franklin St., Baltimore, MD 21202  
Phone: 410-727-2030; Fax: 410-727-2034; Web: [www.bmoreclubhouse.org](http://www.bmoreclubhouse.org)

**CONFIDENTIAL**

**B'More Clubhouse**

**Prospective Member Applicant**

**Release of Information Form**

I hereby give consent for the release of pertinent medical, hospital and psychological information from medical and/or mental health professionals associated with my care for completion of appropriate referral information for my application for membership to the B'More Clubhouse. I hereby give consent for B'More Clubhouse members to have access to my basic contact information for follow-up and reach-out purposes only.

I understand that any information released to the B'More Clubhouse is confidential and will be remain confidential by the B'More Clubhouse.

Name of Prospective Member: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Audio/Visual Release (Optional)**

I hereby give consent to B'More Clubhouse to use my photograph, voice, and likeness to be used in any B'More Clubhouse publication including, but not limited to, its website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_