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B'MORE CLUBHOUSE

A CARF Accredited Psychiatric Rehabilitation Program (PRP)

New Member Information Form

Last Name First Name MI

Street Address Apt.

City State Zip Code

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

Residence Status:
____ Alone
____ Family
____ Transitional Housing
____ Group Home
____ Shelter
____ Other:_____

Ethnicity: (Optional)
____White/Caucasian
____ Black/African American
____ Latino/Hispanic
____ Asian
____ Native Hawaiian or Other Pacific Islander
____ American Indian
____ Other:_____

How did you hear about us?
_____
_____

Psychiatrist/Mental Health Professional:

Name: _____

Phone:_____

Medical Doctor:

Name: _____

Phone:_____

Emergency Contact Person:

Name: _____ Relationship:_____

Phone:_____

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*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):

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

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Current Medications: _____ _____
_____ _____
_____ _____

Reason for Referral:

- ☐ ADL Support
- ☐ Education
- ☐ Employment
- ☐ Housing
- ☐ Social Skills
- ☐ Symptom Management
- ☐ 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 – 831 N Calvert Street, Baltimore, MD 21202
Phone: 410-727-2030; Fax: 410-727-2034; Website: www.bmoreclubhouse.org

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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: _____