



Charlotte Clubhouse

# Referral Form

Physical address:  
**2434 Commonwealth Ave**  
**Charlotte, NC 28205**  
(bus 17 stops in front)  
704-605-7032

To be filled out by referring partner

Referred by \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_

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

Email \_\_\_\_\_ Referral Signature \_\_\_\_\_

Send most recent Behavioral Assessment and Medical Necessity with the referral to:

*Mailing address only*

**Charlotte Clubhouse, 8022 Providence Road, Suite 500-104, Charlotte, NC 28277**

Referral's Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emergency contact/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Physician name: \_\_\_\_\_ phone# \_\_\_\_\_

Counselor/therapist name: \_\_\_\_\_ phone# \_\_\_\_\_

Medicaid? Yes  No  if Yes, Medicaid Number \_\_\_\_\_ MCO \_\_\_\_\_

Address \_\_\_\_\_ phone# \_\_\_\_\_

\_\_\_\_\_ Other Phone# \_\_\_\_\_

Lives with Relatives  Boarding Home  Independent  Other

Employed Yes  No  If yes, where and when, for how long? \_\_\_\_\_

Source of Income \_\_\_\_\_

Referral form (page 2)

Reason for Referral (please check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Basic Living Skills    | <input type="checkbox"/> Therapeutic Socialization Skills         | <input type="checkbox"/> Mental Illness Management                                   |
| <input type="checkbox"/> Employment Support     | <input type="checkbox"/> Independent Living Support               | <input type="checkbox"/> Prevent Psychiatric Hospitalization                         |
| <input type="checkbox"/> Prevocational Training | <input type="checkbox"/> Develop Recovery Plan                    | <input type="checkbox"/> Improve Self Confidence / Motivation                        |
| <input type="checkbox"/> Interpersonal Skills   | <input type="checkbox"/> Reduce Negative Symptoms                 | <input type="checkbox"/> Medication Support / Education                              |
| <input type="checkbox"/> Prevent Isolation      | <input type="checkbox"/> Improve Cognitive / Concentration Skills | <input type="checkbox"/> Manage Symptoms that interfere with Education or Employment |

Do they have a history of violent behavior? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do they have a history of suicide attempts? If yes, when? \_\_\_\_\_

\_\_\_\_\_

Do they have a history of alcohol, drug abuse, or sexual misconduct? If yes, explain:

\_\_\_\_\_

Have they been convicted of a felony? If yes, what and

when? \_\_\_\_\_

*Mailing address only*

Charlotte Clubhouse

**8022 Providence Rd. Suite 500-104, Charlotte, NC 28277**

Web: [www.CharlotteClubhouse.org](http://www.CharlotteClubhouse.org)

Email: [info@CharlotteClubhouse.org](mailto:info@CharlotteClubhouse.org)