

RIVERSIDE COMMUNITY CARE CLUBHOUSE CLINICIAN PROVIDER FORM

Prospective Member:						Date Initiated:			
DOB:		Gender Identity: <Select Gender>							
Address:									
City:		State:		Zip:		Telephone:			
Part One – Clinician/Provider Name									
Name:				Role:					
Address:									
City:		State:		Zip:		Telephone:			
Part Two – Clinical Information									
DIAGNOSES									
Code	Description								
Past Hospitalizations (include where, dates and precipitant):									
Treatment/Medication Compliance (include history and current situation):									
Trigger or Stressors that May Precipitate Crisis (include signs and/or symptoms that warrant concern/support):									
Describe Alcohol/Drug Use (include history and current situation, awareness level of abuse if applicable)									

Risk Assessment (please check all that apply and provide details below)

		History	Current
1	Suicidal or Self Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>
2	Physical Violence Toward Others	<input type="checkbox"/>	<input type="checkbox"/>
3	Verbally Abusive Toward Others	<input type="checkbox"/>	<input type="checkbox"/>
4	Sexual Assault Behaviors	<input type="checkbox"/>	<input type="checkbox"/>
5	Fire Starting Behaviors	<input type="checkbox"/>	<input type="checkbox"/>
6	Criminal Activities/Legal Concerns	<input type="checkbox"/>	<input type="checkbox"/>
7	Victimized	<input type="checkbox"/>	<input type="checkbox"/>
8	Other	<input type="checkbox"/>	<input type="checkbox"/>

Risk #:	
Risk #:	
Risk #:	
Risk #:	

Does individual have a crisis/risk plan? Yes No If yes, please include.

Individual has ability to handle conflict with others in the community? Yes No

If No, please indicate supports needed or recommendation for engagement:

Please describe how the individual's mental illness interferes with or limits one or more major life activities:

Please describe potential goals and/or aspirations:

Part Three

Clinician/Provider Signature:

Date:

Part Four – Clubhouse Use Only

Individual Meets Clubhouse Services Membership Criteria

Yes

No

Clubhouse Director Signature:

Date: