



New/Returning Members Application Form

Referral Date: _____

THE CLUBHOUSE

At Progress Place we believe that recovery from mental illness is possible when it involves the individual in a community – one that offers hope, respect, and opportunities for personal development. Progress Place provides a comprehensive network of services that includes employment, education, health and wellness and recreation.

Name:	Gender:
Address:	Preferred Pronouns:
City:	Birth Date: D/ M/ Y/
Postal Code:	Phone #:
Email:	Cell #:
Preferred method of contact:	Health Card #:
Emergency Contact Name:	Relationship:
Emergency Contact #:	

Why would you like to become a member of Progress Place? (select all that apply)

- Daily activities () Employment () Education ()
Housing () Socialization () Health and Wellness ()
Young Adults Initiative () Other ()

PSYCHIATRIC HISTORY & PERTINENT MEDICAL INFORMATION

Primary Diagnosis: _____

Other Diagnosis: _____

MEDICAL/COMMUNITY SUPPORTS

Psychiatrist:	Phone#:
Family Physician:	Phone#:
Primary Worker:	Phone#:

REFERRAL SOURCE (such as doctor, support worker, community, friend, self, family, etc)

Name: _____ Phone #: _____

Address: _____ Relationship: _____

For Office Use Only

Date Received:
