



**Community Mental Health and Addictions Psychosocial Rehabilitation Program
Referral Form for New/Returning Members**

The Clubhouse: Progress Place is a holistic environment in which individuals with severe and persistent mental illness can be helped to achieve or regain the confidence and skills necessary to lead vocationally productive and socially satisfying lives.

Name: _____ Gender: _____
Address: _____ Date of Birth: D/____ M/____ Y/____
City: _____ Phone: _____
Postal Code: _____ Cell: _____
Email: _____ Health Card: _____

Preferred method of contact: Phone Email

Emergency Contact Name: _____

Emergency Contact Number: _____ Relationship: _____

PSYCHIATRIC HISTORY & PERTINENT MEDICAL INFORMATION

Primary Diagnosis: _____

Other Diagnosis: _____

Number of admissions in the past 2 years: _____

List the four most recent psychiatric hospitalizations:

HOSPITAL	ADMISSION DATE	DISCHARGE DATE	# OF DAYS

MEDICAL/COMMUNITYSUPPORTS

Psychiatrist: _____ Phone: _____

Family Physician: _____ Phone: _____

Primary Worker: _____ Phone: _____

LIVING SITUATION (please check appropriate areas)

FINANCIAL	MARITAL STATUS	HOUSING
<input type="checkbox"/> CPP <input type="checkbox"/> Ontario Works <input type="checkbox"/> ODSP <input type="checkbox"/> Employed (Full/Part-time) <input type="checkbox"/> EI <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Family <input type="checkbox"/> Self <input type="checkbox"/> Boarding Home <input type="checkbox"/> Supportive Housing Specify _____ <input type="checkbox"/> Other _____

OTHER AGENCY INVOLVEMENT

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

Name: _____ Phone: _____
Address: _____
Relationship: _____

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

- Daily activities Employment Education
 Housing Socialization
 Other

Please return completed from by mail: Progress Place
576 Church Street
Toronto ON M4Y 2E3
or by fax to: 416-323-9843

For Office Use Only

Date Received:
