



**GENESIS CLUB, Inc.**

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**Referral Form**

**PLEASE PRINT**

(To be completed and signed by professional provider who has access to individual's psychiatric records.)

**New Member Data**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
E-mail \_\_\_\_\_  
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source**

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Areas of Interest

Housing:

Employment:

Education:

Exercise:

Nutrition:

Tobacco Cessation:

OTHER: \_\_\_\_\_

**NOTE:** Please have the prospective member call Genesis Club for a tour. After completing a tour, the referred individual can sign-up for *New Member Orientation*. If the prospective member fails to initiate communication with Genesis Club, this referral form will be kept in an "Inactive File" for six months; should the individual express interest at some future date, the orientation process can be reinitiated.

Database (for Genesis use)  
entered on \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete side two.

**PLEASE PRINT** Name of prospective member \_\_\_\_\_

Axis One Psychiatric Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Present / Previous Treatment Programs: \_\_\_\_\_

Substance abuse history: \_\_\_\_\_

Previous psychiatric history (and hospitalizations): \_\_\_\_\_

Vocational / Educational history: \_\_\_\_\_

Current living situation: \_\_\_\_\_

Medical restrictions: \_\_\_\_\_

Is individual a risk to others? (if yes, please explain): \_\_\_\_\_

Has individual ever been in jail or on probation and why: \_\_\_\_\_

DMH Case Mgr: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_



\_\_\_\_\_  
*Signature of referral source*

**Genesis Club, Inc.  
REFERRAL FORM**

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