



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

Referral Source

Name: _____
 Address: _____

 Tel: _____
 E-mail _____
 D.O.B. ____ / ____ / ____

Name: _____
 Agency: _____
 Address: _____

 Telephone: _____
 Today's date: ____ / ____ / ____

Areas of Interest

Housing:
 Education:
 Nutrition:

Employment:
 Exercise:
 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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