



# GENESIS CLUB, Inc.

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## Referral Form

**PLEASE PRINT**

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

### New Member Data

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_  
D.O.B. \_\_\_/\_\_\_/\_\_\_  
Preferred Pronoun: \_\_\_\_\_

### Referral Source

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Today's Date: \_\_\_/\_\_\_/\_\_\_

### Areas of Support:

HOUSING  
EDUCATION  
WELLNESS

  
  

EMPLOYMENT  
SOCIAL

  

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

\_\_\_\_\_

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

\_\_\_\_\_

Case Manager (if applies): \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature of Referral Source



**Genesis Club, Inc.**  
**REFERRAL FORM**