Foot Print to Success Clubhouse-3511 N.W. 8th Ave. Suite 7 Pompano Beach, Florida 33064
Phone Number: 954-657-8010 Fax Number: 954-657-8046

Referral Form-Part 1

Membership Requirements: 1.Part 1- Referral Form signed by LPHA
2. Most Recent -Psychiatric Evaluation

Name: _____
Date of Birth: _____ **SSN:**_____
I identify my gender as: ☐ Male ☐ Female ☐ Transgender ☐ Other ☐ I prefer not to disclose
Marital status: _____**Children:**_____ **Language of Choice:**_____
Name of person and agency referring person for services: _____
Self Referral:_____ **OCP 2**_____ **Jail Diversion:**_____

Risk Assessment

Behavior	History	Current Activity Level
Violence	☐ yes ☐ no	☐ none ☐ minimal ☐ moderate ☐ severe
Suicide Attempts	☐ yes ☐ no	☐ none ☐ minimal ☐ moderate ☐ severe
Alcohol/Drug Abuse	☐ yes ☐ no	☐ none ☐ minimal ☐ moderate ☐ severe
Sexual Exploitation	☐ yes ☐ no	☐ none ☐ minimal ☐ moderate ☐ severe

Describe any current legal involvement:
_____

Probation Officer's Name and Phone Number, if applicable: _____

_____

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Diagnosis

AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____

MEDICATIONS/DOSAGE/FREQUENCY

None: ____

_____

_____

_____

_____

_____

LPHA -Please fill out completely

Licensed Practitioner of the Healing Arts — A psychiatric nurse, registered nurse, advanced registered nurse practitioner, physician, physician assistant, clinical social worker, mental health counselor, marriage and family therapist, psychiatrist or psychologist.

Print NAME:_____

ADDRESS:_____

_____

_____

PHONE NUMBER:_____

SIGNATURE:_____

Date:_____