Foot Print to Success Clubhouse-3521 W. Broward Blvd., Lauderhill, Florida 33312
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: ____

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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:______________________________