



5600 NE Glisan Street Suite "B"  
 Portland, OR 97213  
 Phone: 971-271-7273  
 Fax: 971-271-7287

# Referral Form

Name of person referred to **NorthStar**: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Email (optional) \_\_\_\_\_

Name of Referent (Mental Health Professional): \_\_\_\_\_  
 Agency affiliation: \_\_\_\_\_

Referent's phone number: \_\_\_\_\_  
 Fax number: \_\_\_\_\_  
 Email (Optional) \_\_\_\_\_

The **NorthStar Clubhouse** strives to maintain compliance with the following Clubhouse Standard:  
*"Membership is open to anyone with a history of mental illness, unless that person poses a significant and current threat to the general safety of the Clubhouse community."*

Does this person live with mental illness(es)? Yes \_\_\_ No \_\_\_

Is this person able to participate in the **NorthStar Clubhouse** without presenting a "significant and current threat to anyone else who is involved with the program?"

\_\_\_ Yes \_\_\_ No \_\_\_ I am unsure because of the following issues:

\_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

What are you hoping this individual will gain from their participation?

\_\_\_\_\_

Please call **NorthStar**, at (971) 271-7273 to discuss your questions or concerns about this person's participation if you marked the "I'm Not Sure" box.

\*\*\*\*\* *Please do not write below this line - for office use only* \*\*\*\*\*

*Please date and initial all entries:*

- |                                 |                               |
|---------------------------------|-------------------------------|
| 1. Referral received: _____     | 4. Scheduled first day: _____ |
| 2. Scheduled orientation: _____ | 5. Completed first day: _____ |
| 3. Completed orientation: _____ |                               |

Date	Initials	Outreach type (phone call, voicemail, email, no answer/bad #)	Notes