

REFERRAL FORM

Personal Information

Name: _____ Pronouns: _____

Facebook Profile Name: _____ Date of Birth (dd/mm/yy): _____

Address: _____

Email: _____

Phone: _____ Other Phone: _____

Is it ok to leave voice messages? Yes No

Preferred method of contact: Phone Email Facebook

Emergency Contact

#1 Contact name: _____

Relationship: _____ Phone: _____

#2 Contact name: _____

Relationship: _____ Phone: _____

About Me

Who do you turn to for support (e.g.: friends, family, etc)?

What are your personal interests?

Why do you want to come to Laing House?

Is there other information we need to know about you, or that you would like to share?

How did you hear about Laing House?

Who referred you to Laing House? Self Other _____

Medical History

Current mental health diagnoses:

Any previous mental health diagnosis:

Any mental health related hospitalizations? Yes No

If yes, please note when and where below:

Date: _____ Where: _____

Date: _____ Where: _____

Date: _____ Where: _____

Current medications: names & dosages, if any:

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Other health concerns you would like to share? (Allergies? Accessibility needs?)

Who are the mental health professional(s) working with you, if any?

Name: _____ Location: _____

Phone: _____ Fax: _____

Name: _____ Location: _____

Phone: _____ Fax: _____

Exchange of Information

I, _____ give consent for Laing House staff to

exchange information with my clinicians: _____

related to my diagnosis and goals: _____

For the period of my membership **or**

For the period of/to end on: _____

Signed: _____

Date of application: _____

*Thank you for applying to become a Laing House Member.
Bring this application form to Laing House and come in for a tour.
We'll see you soon!*