



CASS

CREATIVE COMMUNITY LIVING ACTIVITIES  
REFERRAL FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

DOB(yr/mo/dy) \_\_\_\_\_ PHCN: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Responsible Physician: \_\_\_\_\_

Follow-up Worker: \_\_\_\_\_

Other Agencies Involved: \_\_\_\_\_

\_\_\_\_\_

Present Medication(s): \_\_\_\_\_

\_\_\_\_\_

Referral for: Seniors Group \_\_\_\_\_ Leisure Group \_\_\_\_\_ Regular Program \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Psychiatric History and Problems (copy of recent history would be appreciated):

\_\_\_\_\_

\_\_\_\_\_

Concerns Regarding:

Suicide Risk: \_\_\_\_\_ Motivation: \_\_\_\_\_ Aggression: \_\_\_\_\_ Attendance: \_\_\_\_\_

Transportation: \_\_\_\_\_ Substance Abuse: \_\_\_\_\_ Other: \_\_\_\_\_



Creative  
Community  
Living  
Association



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**Specify in Detail Any Additional Information:**

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**Goals to be Worked on in Program:**

1. 

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2. 

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3. 

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**Current Interests in Leisure Activities:**

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**Additional Information pertinent to establish and co-ordinate applicant's course of treatment at CCLA:**

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**Signature of Referral Source**

**Signature of Client**



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