



A Mental Health Recovery Program

PO BOX 1528
PORTSMOUTH, NH 03820 603-812-9031
www.seacoastpathways.org
Confidential email : info@seacoastpathways.org

To be completed by a professional clinician who has access to individual's psychiatric records

NEW MEMBER DATA
Name: _____
Address: _____ _____
Email: _____
Phone: _____
DOB: _____

REFERRAL SOURCE DATA
Name: _____
Agency: _____
Agency Address: _____ _____
Email: _____
Phone _____

Member's Primary Care Physician: _____
Agency: _____
Address _____
_____ Phone _____



Today's Date _____

Axis One Psychiatric Diagnosis _____

Axis Two Psychiatric Diagnosis _____

Secondary Diagnosis _____

Substance Abuse History _____

Is prospective member in recovery?

Does Prospective Member Have Any Medical, Physical or Communication Issues That May Affect His/Her Participation In The Program? YES NO Please Explain:

Please Include Below Any Other Information That Will Assist In This Person's Recovery Process

Signature _____

Date _____

Prospective members and those who refer them are always welcome to visit the Seacoast Pathways Clubhouse. Prospective members may bring the referral form with them or the referral may be sent by the referring clinician. Scan and email to info@seacoastpathways.org Membership is free and attendance is entirely up to the member. If you would like to speak with the staff generalist, please call (603-812-9031) during clubhouse hours. Ask to speak with Joe or Scott.

Prospective members are encouraged to visit before they join. No appointment necessary. Just drop in any Monday, Wednesday or Friday between 9:30am and 2:30 pm.

