



103 D West Main Street
Carrboro, NC 27510

919.968.6682 (phone)
919.968.2522 (fax)
www.clubnova.org

Referral Source: _____ Date: _____
Agency: _____ Phone: _____
Address: _____ Email: _____
Fax: _____

Client's Full Name: _____ Preferred Name: _____
Social Security #: _____
Medicaid ID #: _____
DOB: _____ Race: _____ Ethnicity: _____ Sex: _____
Client's Address: _____
Phone: _____
E-Mail: _____

Current living arrangement: _____ w/family _____ Independent Apt/House (_____ Alone _____ w/ roommate)
_____ Group Home _____ Assisted Living _____ Other (_____)

Family Contacts: _____ Phone: _____
Therapist: _____ Phone: _____
Psychiatrist: _____ Phone: _____
Case Manager/CST: _____ Phone: _____
Primary Care Physician: _____ Phone: _____
Other Service Providers: _____ Phone: _____

Diagnosis: _____ Medications: _____
Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: GAF _____

History of Adherence: _____

Known Allergies: _____

Reason for Referral: _____

Please list all services the client is currently receiving: _____

Check all that apply to client: _____ Employed _____ SSI _____ SSDI
_____ Housing Assistance _____ Food Stamps _____ Medicaid _____ Medicare
_____ ACTT Client _____ Other Income/Support (_____)

History of substance abuse: _____
_____ Current Clean Time: _____

Other information: _____

ORDER FOR SERVICE: I order psychosocial rehabilitation and supported employment services for this client.

Signature (MD): _____ Date: _____

Please send information to:

Phone : 919.968.6682
Fax (919) 968-2522
Club Nova Community, Inc.
Attn: Membership Unit Staff
PO Box 1346
Carrboro, NC 27510