

Psychiatric Diagnosis Attestation for NYC Clubhouse Membership

The following must be completed by a licensed professional, (LCSW, LMHC, MD, NP, or similar), for enrollment purposes to a NYC Clubhouse, which utilizes community as a primary tool towards recovery. Its' purpose is to ensure the applicant meets criteria and the clubhouse is a positive, rehabilitative, and safe environment for all.

Name of Applicant: _____ DOB: _____

How long have you known the applicant?: _____

	Current Psychiatric Diagnosis:	ICD 10 Code:
Primary:		
Secondary:		
Tertiary:		
Medical:		

Risk Alerts:

No past or current aggressive or violent history (check here) ☐

Please describe any history or current threats of aggression or violence including arson, theft, and inappropriate sexual behavior and how these are being or have been addressed clinically:

Describe the applicant's current needs and challenges:

Describe the applicant's ability to engage in an unstructured community setting:

Describe additional treatment programs or supports the applicant is already receiving or is recommended:

Is there anything else that is important for us to know about the applicant?:

Attestation of Licensed Professional:

Print Name: _____ Date: _____

Signature: _____ License Number: _____

Agency: _____ License Type: _____

Email: _____ Phone: _____