



Please place completed form in the  
Wellness Mailbox

Date \_\_\_\_\_

Referred by \_\_\_\_\_

Ext \_\_\_\_\_

## Wellness Program Referral

Client Name \_\_\_\_\_

Contact No \_\_\_\_\_

MIS or DOB \_\_\_\_\_

Gender M F

Language \_\_\_\_\_

### Level of Functioning

**Poorly Coping but Engaged**

This client's symptoms cause deficits in activities of daily living. They require a great deal of support but they are voluntarily participating in mental health treatment.

**Coping/Rehabilitating.**

This client is "hanging in there" they may fulfill some meaningful roles in life but they often need substantial support and guidance.

**Early Recovery**

This client is beginning to see their potential. With support from staff they are setting goals and the wellness center may help in their pursuit.

**Advanced Recovery**

This client is psychologically stable, generally satisfied with their level of functioning in life and would like to enhance their quality of life.

See reverse for detailed descriptions

### Reason for Referral (Talents Interests Goals Needs)

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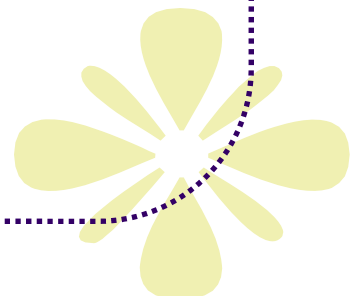
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**Case Management Needed**       Yes     No

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## Level of Functioning

### 1) Poorly Coping but Engaged

This client doesn't function well, they have moderate to high level of distress from symptoms causing deficits in activities of daily living. They may use drugs/alcohol causing moderate, intermittent life disruption. They require a great deal of support but they are not a danger to self or others. Hospitalization and/or incarceration are unusual. They are cooperative, not disruptive in groups and are voluntarily participating in mental health treatment.

### 2) Coping/Rehabilitating

Generally symptom distress is moderate to minimal, though they are not necessarily compliant with mental health treatment. They often need substantial support and guidance but they are rarely hospitalized or incarcerated. The use of drugs/alcohol causes little impairment; or they are abstinent. This client is setting Quality of Life (QOL) goals & "non-disabled" roles. They may have some meaningful roles but are not necessarily employed or in school. They may express little interest in increasing responsibilities at work/school or are "retired".

### 3) Early Recovery

Symptoms may be present but cause minimal distress. They are managing their mental health treatment; requiring minimal unanticipated "problem" intervention from staff. They are also actively managing physical health issues, and/or disabilities. They often have reliable social support network. This group is similar to group (2) regarding use of drugs, alcohol, hospitals and jails. With minimal support from staff they set, pursue and achieve QOL goals and have established meaningful roles in the community. They are self-motivated, productive in and functional in many life areas. This client may be interested in a leadership role in the center.

### 4) Advanced Recovery

This client may identify as having a mental illness but is no longer psychiatrically disabled and is indistinguishable from their non-disabled neighbors. They are self-directed in the management of any medical or mental health conditions. Public benefits assistance is limited to Medicaid or other health benefits because their employer does not provide those benefits. This client would be a wonderful group leader for the center.