Gainesville Opportunity Center

1210 NW 14th Ave
Gainesville, FL 32
(352) 224-5523

Diagnosis MUST be filled out

MEMBERSHIP REFERRAL FORM

Person's Name Being Referred: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Social Security No: _____ **Birth Date:** _____

Primary Mental Health Diagnosis Code(s): _____

- Reason for referral/goals: _____
- Does the person being referred understand that the GOC offers a simulated work environment wherein they must coordinate tasks with others? __Yes __No __Maybe
- Comments: _____

REFERRING PROVIDER'S INFORMATION - PLEASE FILL OUT COMPLETELY

Provider's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Provider's Signature: _____

Instructions

The GOC membership referral form MUST be returned to the GOC during the orientation process.

Who can fill out this form?

- Your counselor or therapist
- Your psychiatrist
- Your psychologist
- Your mental health provider
- Your social worker
- Your case manager
- Your primary care physician
- Your nurse practitioner

How do I submit this form?

- Email it to: info@goclubhouse.org
- Mail it to: 1210 NW 14th Ave, Gainesville, FL 32601
- Hand deliver it to the receptionist at GOC

Still have questions? Call GOC: (352) 224-5523