



Confidential Clinical Addendum to Member Application

Main Office:

Firebird Transformations Wellness and Recovery Group, LLC
90 Dover Street, Asheville NC 28804
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Applicant Information

Last Name & Suffix

(if any):

First, Middle Initial,
Nickname:

Referring Facility

Referring Clinician

Title

Contact

Please describe the Applicant's acuity on a daily basis - were there any high acuity events during care?

Interpersonal Dynamics: please describe how the applicant functions in group settings.

Recommendations/
Arrangements for ongoing aftercare services:

During your care, were any of the following behaviors exhibited?
Details for expansion on the right.

- | | Details: |
|-----------------------------|----------|
| Psychosis | |
| Self-Harm | |
| Hostility | |
| Elopement | |
| Team Splitting/Manipulation | |
| Other Challenging Bx | |

Please describe the applicant's **STRENGTHS!**

Please indicate the current working diagnosis (DSM 5/ICD 10)



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