



Confidential Clinical Addendum to Member Application

Main Office:
Firebird Transformations Wellness and Recovery Group, LLC
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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.

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

Details:

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

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

