



# LOWENSTEIN HOUSE

821 South Barksdale  
Memphis, Tenn. 38114  
901-274-5486  
FAX 901-278-6927

Date Received: \_\_\_\_\_  
Lowenstein House Use Only

## REFERRAL FORM

Date \_\_\_\_\_

Referring Agency \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name of Referring Person \_\_\_\_\_ Title \_\_\_\_\_

### PLEASE COMPLETE ALL LINES. INCOMPLETE FORMS CANNOT BE PROCESSED.

1. Client's Name \_\_\_\_\_ DOB \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
SSN: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_
3. Sex: \_\_\_\_ M \_\_\_\_ F Race: \_\_\_\_ African Amer. \_\_\_\_ Caucasian \_\_\_\_ Other \_\_\_\_\_
4. TennCare Eligible? \_\_\_\_ Y \_\_\_\_ N If TennCare eligible, name of BHO \_\_\_\_\_
5. Source and Amount of Income \_\_\_\_\_ If no income, has person applied for SSI? \_\_\_\_\_
6. Please provide the following DSM-IV Axis Information:  
**Axis I** Primary Diagnosis \_\_\_\_\_ ICD-10 Code \_\_\_\_\_  
**Axis II** \_\_\_\_\_ **Axis III** \_\_\_\_\_  
**Axis IV** \_\_\_\_\_ **Axis V** (GAF score) \_\_\_\_\_
7. Why does the person want to come to Lowenstein House? (Check all that apply)  
\_\_\_\_ Needs structured activity during the day \_\_\_\_ Wants to obtain job skills \_\_\_\_ Interested in employment  
\_\_\_\_ Needs illness management and recovery \_\_\_\_ Needs housing assistance \_\_\_\_ Social Skills Training  
Other \_\_\_\_\_
8. Presenting Problems (Check all that apply)  
\_\_\_\_ Alcohol/ Drug Problems (or history of) \_\_\_\_ History of non-compliance with meds or treatment  
\_\_\_\_ Never worked on job \_\_\_\_ Has criminal record \_\_\_\_ Medical Issues \_\_\_\_ Low Functioning  
\_\_\_\_ Homeless \_\_\_\_ Recently released from hospital (within past two weeks) \_\_\_\_ Unable to read or write  
\_\_\_\_ Other \_\_\_\_\_
9. Current medication(s) \_\_\_\_\_
10. Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Physician Facility Name/Address \_\_\_\_\_

### Please submit the following information with this referral:

- (1) A copy of the **last two** (most recent) psychological evaluations.
- (2) A copy of the most recent social history, physician or nurse's notes or discharge summary (if recently released from hospital).
- (3) A copy of the referred person's State ID, drivers license or other government issued ID.
- (4) A copy of the person's social security card.
- (5) A copy of verification of the person's income (SSI, SSDI, VA, AFDC, Food Stamps, etc.)

Mail, fax or email this referral and additional documents to: Manager of Intake at (901) 278-6927 Email - [info@lowensteinhouse.com](mailto:info@lowensteinhouse.com)