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 _____

Printed Name, Title and License (if applicable) of Referring Person:_____

Phone Number of Referring Person _____ If the referring person is unlicensed, please provide the name of the licensed practitioner who is part of this client's treatment team and concurs with/recommends this referral to Lowenstein House:

Name/License/Title of Licensed Practitioner _____

Signature of Referring Person _____

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
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, TANF, SNAP (Food Stamps), etc.)

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