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The Lotus House Referral Form. Please Print

To be completed and signed by prospective member and professional provider who has access to and knowledge of the member's psychiatric records.

New Member Information	Referral Source
Name:	Name:
Address:	Agency:
Phone:	Address:
Email:	Phone Number:
Date of Birth:	Email:
Preferred Pronouns:	Fax:
Source of Income and amount: Employment: _____ SSI: _____ SSDI: _____ Other: _____	

**Prospective Members Identified
 Areas of Support:**

- Housing
- Employment
- Education
- Wellness
- Socialization

NOTE: Please encourage the prospective member call The Lotus House to schedule a tour. After completion of a tour, the referred member can sign-up for new member orientation. If the prospective member fails to initiate communication with The Lotus House, this referral form will be kept in an inactive file for six month.

Emergency Contact Information

Name: _____
Relationship: _____
Phone Number: _____

Is there a legal guardian assigned? If yes, who is the guardian? _____ Phone: _____

Diagnostic Information

Primary Diagnosis: _____

Secondary Diagnosis: _____

Signature of provider*: _____ Date: _____

*provider must be credentialed to assign the above diagnosis

Please Circle All that Apply

Traumatic Brain Injury

Developmental Delay

Physical Disability

Medical Conditions/Restrictions (please specify), such as COPD, asthma, diabetes, seizures, etc.:

Is the prospective member a risk to others? If so, please explain: _____

Other Providers

Case Manager:	Agency:	Phone:
Psychiatrist:	Agency:	Phone:
Primary Care Doctor:	Agency:	Phone:
Therapist:	Agency:	Phone:
Other provider:	Agency:	Phone:
Landlord:	Agency:	Phone:
Probation/Parole:	Agency:	Phone:

Prospective Member Signature: _____

Date: _____

For The Lotus House Use:

Date received: _____

Created new member folder: