



723 N. Broad Street  
Fremont, NE 68025  
Phone: (402) 721-3125

## Referral Form

This form must be completed and returned by referring agency/staff **BEFORE** the client will be accepted. This form is filled out in instances when a potential client is being released/discharged from another agency or institution or the potential client is from outside the service area. The referring agency and client **MUST** wait for approval from LifeHouse staff before coming to LifeHouse.

### Referring Agency Information:

Name of Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Name of referring worker: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Referred Client Information – only those listed on the referral will be considered:

Name of person being referred: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address prior to coming into current facility: \_\_\_\_\_  
Phone: \_\_\_\_\_

What is this person in your care for?

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Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of scheduled discharged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any critical incidents?

YES

NO

If yes, please explain (use additional paper if needed):

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Was this person cooperative while in your care? (use additional paper if needed)

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Is the client on probation/parole?

YES

NO

If yes, who is the probation/parole officer? \_\_\_\_\_

What is the individual's current living situation? (Please check)

- ☐ Emergency Shelter
- ☐ Jail/Prison
- ☐ Drug/Alcohol Treatment
- ☐ Domestic Violence Shelter
- ☐ Medical Facility
- ☐ Family/Friends
- ☐ Eviction
- ☐ Other (please explain)

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What was the individuals address prior to entering your facility? \_\_\_\_\_

## Mental/Physical Health Information:

Is this person medically cleared and physically/mentally able and willing to take care of him/herself?  
(The individual must be able to fully function independently) YES NO

Explain how this looks daily:

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Please indicate which activities of daily living (ADL's) the individual can complete:  
(Also, please note if assistance is needed with any ADL)

<b>Bathing</b>	YES	NO	W/Assistance	<b>Dressing</b>	YES	NO	W/Assistance
<b>Oral Care</b>	YES	NO	W/Assistance	<b>Toileting</b>	YES	NO	W/Assistance
<b>Eating</b>	YES	NO	W/Assistance	<b>Cooking</b>	YES	NO	W/Assistance
<b>Taking Meds</b>	YES	NO	W/Assistance	<b>Laundry</b>	YES	NO	W/Assistance
<b>Grooming</b>	YES	NO	W/Assistance	<b>Walking</b>	YES	NO	W/Assistance

**Housework**   YES   NO   W/Assistance

## Medication Use:

Is this client currently on any medications?                      YES                      NO

If so, what medications and what are they for:

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☐ Med list is attached.

Is medication being sent with the client?                      YES                      NO

How long before a refill is needed? \_\_\_\_\_

Is client compliant in taking these medications?                      YES                      NO

If no, please explain: \_\_\_\_\_

Does the individual have any mental health diagnosis?                      YES                      NO

If yes, please explain:

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Does the individual have any physical health needs?                      YES                      NO

If yes, please elaborate:

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Have any new medications been prescribed while in your care? YES                      NO

If yes, what medications and what are they for:

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☐ Med list is attached.

Any other special instructions or information about this individual that should be shared (use additional paper if needed):

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## Substance Abuse History:

Does this individual have any alcohol and/or substance abuse issues/concerns?      YES                      NO

If yes, please list any/all substance(s):

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How long have they used alcohol and/or substance(s)? \_\_\_\_\_

How often were alcohol and/or substance(s) used? \_\_\_\_\_

When was the last time the individual used alcohol/substance(s)? \_\_\_\_\_

Has this individual used inpatient services for substance abuse?                      YES                      NO

If yes, please list when and where the treatment was completed:

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**Please fax this form to (402) 721-6246 and call (402) 721-3125, ask to speak with the case manager on call. Thank you.**