



Pre-Intake Questionnaire

In order to provide you with optimal service, please complete and return this form to:

coordinator@thelotuscentre.net

Name: _____

Preferred contact information:

Phone _____ Email _____

Is it safe to leave messages? _____ *Yes* _____ *No*

Have you received services from the Lotus Centre in the past?

_____ *No* _____ *Yes; approximate dates when:* _____

Please identify from the list below, services you would like assistance accessing:

- ___ Financial Supports
- ___ Gender Based Violence/Trafficking
- ___ Housing Supports
- ___ Physical Health Resources
- ___ Mental Health and Addictions
- ___ Queer Supports and Resources
- ___ Employment Support Services
- ___ Legal Resources
- ___ Advocacy Needs
- ___ Other (please explain)

Briefly, what would you describe are your current goals:

*If you have been referred or mandated to attend support services with The Lotus Centre,
please have your provider or referring agent complete the following form:*

<https://www.thelotuscentre.net/referralstothelotuscentre>