**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*](https://www.thelotuscentre.net/referralstothelotuscentre)