

APPLICATION FOR HARMONY HOUSE PROGRAM

DATE _____

PLEASE PRINT

A. Client's Name: _____ Sin # _____
 Care Card # _____ Age: _____ Birthdate: _____
 Address: _____
 Parent/Guardian's name: _____
 Address: _____
street city prov. postal code

Phone _____ (wk) _____ best time to call: _____
 Marital Status: _____ single _____ engaged _____ married _____ widowed _____ divorced
 _____ separated _____ common-law how long _____ how many times _____
 Education _____ Occupation _____
 Spouse's Name _____ Age _____
 Birth date _____ Sin # _____ Care Card _____
 Family Doctor _____ Phone # _____
 MSS Worker _____ UIC _____ Other _____
 Office _____ Income _____ Phone _____

B. List name, birth date, sex, relationship of all children, and whether they live at home with you.

NAME	BIRTH DATE	SEX	RELATIONSHIP	AT HOME?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. State the nature of the problem in your own words;

What is your most difficult relationship right now?

What is your most difficult emotion right now?

D. CRISIS INFORMATION:

Do you have any current suicidal thoughts feelings or actions? yes no

If yes please explain:

Do you have any past problems with hospitalizations, or jailing for suicidal or assaultive behavior?

yes no - If yes please explain:

Do you experience any current threats of significant loss or harm (illness, divorce, custody, job loss etc.)?

yes no - If yes please explain:

Are you presently on probation, or parole? yes no. If yes please explain:

Name of Parole/ Probation Officer: _____

Phone: _____

E. MEDICAL INFORMATION:

Family Doctor: _____ Phone: _____

Are you presently taking any medications? If yes, please list below:

MEDICATIONS: _____

Any problems with: ___ eating ___ sleeping ___ chronic pain ___ recent weight changes.

Describe any answers checked above:

Any other medical problems: _____

Have you or a family member ever been hospitalized for mental or emotional illness?

___ yes ___ no - If yes, please explain dates, places, reason:

F. COMMON PROBLEM CHECKLIST. FILL IN: 0 = none, 1 = mild, 2 = moderate, 3 = severe

- | | | |
|----------------------|--------------------|-----------------------|
| ___ marriage | ___ divorce | ___ premarital |
| ___ work | ___ weight control | ___ alcohol |
| ___ sexual issues | ___ singleness | ___ family |
| ___ grief/loss | ___ anxiety | ___ depression |
| ___ other addictions | ___ mood swings | ___ past hurts |
| ___ children | ___ intimacy | ___ drugs |
| ___ self-esteem | ___ anger control | ___ stress management |

If any others, please specify:

G. Who referred you to us? (Name, relationship, and phone number(s))

H. I, _____ (please print), agree to do assignments and homework. I am willing to risk making the changes suggested by my counselor. I will show up for scheduled appointments.

Signed: _____ Date: _____

_____ (please print) being in need of help, ask to be admitted to the
Harmony House Program.

Signed this _____ day of _____ 200_____

Client Signature: _____

Harmony House Director: _____

Intake Worker: _____