Glenice Sheehan Women's Program
Lowell House Inc.

Phone (978) 640-0840 Fax (978) 640-1708

Application for Admissions

PLEASE PRINT

Today's Date: _____

Name of Applicant: _____ DOB: _____ AGE: _____

SS#: _____ Insurance: Yes or No Type_____

Home Address: _____ Phone #: _____

Referring Agency/ Case Manager: _____ Phone#: _____

Applicant previously at Sheehan Program or another Lowell House Program: Yes or No

If so, explain. _____

SUBSTACE USE HISTORY

Drugs Used: Alcohol: _____ Cocaine: _____ Heroin: _____ Rx Pills: _____ IV Drugs: _____ Other_____

Date of Last Use: _____ Date of Last Drink: _____

Have you ever overdosed? _____ If yes, number of times _____

Have you ever witnessed an overdose? _____

Date(s) of Detox Stays			

Other Substance Abuse Treatment			

LEGAL HISTORY

On Probation: Yes or No Where: _____ P.O. Name: _____ Phone #: _____

On Parole: Yes or No Where: _____ P.O. Name: _____ Phone#: _____

Conditions of Probation or Parole _____

_____

Current Charges: _____

Pending Court Cases: Yes or No Dates: _____

CURRENT MEDICAL CONDITIONS AND SIGNIFICANI MEDICAL HISTORY

- Please attach the most recent physical exam information.
- Current proof of TB Test is required for admissions.

Medical

Has client ever had seizures: Yes or No Explain: _____

Has client ever had dementia: Yes or No Explain_____

TB (tuberculosis) Skin Test Date: _____ If positive, date of last chest X-Ray _____

Specific Physical Conditions:

Allergies: _____ Cane/Crutches/Wheelchair _____ Prosthesis _____

Diabetes: _____ Special Diet: _____ Other: _____

PSYCHIATRIC HISTORY: **DSM-IV Diagnosis**

AXIS I	
AXIS II	**AXIS IV**
AXIS III	**AXIS V**

Hospitalizations:_____

_____

Therapist/ Psychologist Name: _____ Phone #: _____

Psychiatrist Name: _____ Phone#: _____

DMH Case Manager Name: _____ Phone#: _____

Suicidal ideation: Current: Yes or No Past History: _____

Homicidal ideation: Current: Yes or No Past History: _____

History of suicidal/ homicidal! behavior(s), Explain: _____

Medications and/or other treatment modalities currently being used: _____

_____

Print Name: _____

Signature: _____ Date:_____