

LHI – Lowell House Inc.

Sheehan Women's Program
Phone (978) 640-0840 Fax (978) 640-1708

Application for Admissions
PLEASE PRINT

Today's Date: _____

Name of Applicant: _____ DOB: _____ AGE: _____

SS#: _____ Insurance Y N Type: _____

Home Address: _____ Phone #: _____

Referring Agency/ Case Manager: _____ Phone#: _____

Applicant previously at Sheehan Program or other Lowell House Program: Y N

If so, explain _____

SUBSTANCE ABUSE 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 Treatments:			

LEGAL HISTORY

On Probation: Y N Where: _____ P.O.Name: _____ Phone #: _____

On Parole: Y N Where: _____ P.O. Name: _____ Phone#: _____

Conditions of Probation or Parole _____

Current Charges: _____

Pending Court Cases: Y N Dates: _____

CURRENT MEDICAL CONDITIONS AND SIGNIFICANT 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: Y N Explain: _____

Has client ever had dementia: Y N 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: Y N Past History: _____

Homicidal Ideation: Current: Y N Past History: _____

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

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

Signature/ Date:	Print Name:
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