

Please list any allergies to include medication allergies _____

Has the client been involved in therapy or any other type of counseling program? _____

If yes, when: _____ where _____

What problems are you currently experiencing? _____

Please list others who live in the home with the client (first names and ages)

If you are currently involved with the Department of Social Services, please give your DSS/social worker's name and phone number: _____
