# APPLICATION FOR SERVICES

**Time:** _____

**PLEASE PRINT CLEARLY**

**Complete this section only if you are applying for someone other than yourself:**

Your Name_____ Relationship To Patient: _____

Patient's Name: _____ Date: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female SSN: _____
(If none, enter 0)

Address: _____ City_____ Zip _____

Phone: _____ Name of School (For children only): _____

Health Insurance: **If you have health insurance we will ask you for a copy of your insurance card.**

☐ None ☐ Private Insurance ☐ Medicare ☐ Medicaid (Regular Medicaid or Managed Care Plan)

**Subscriber's date of birth _____**

Please indicate below the reason(s) you are seeking mental health services. **Check all that apply**:
**(If services are for a child, please check the problems/ concerns that apply to your child.)**

☐ Depressed/ sad
☐ Anxious/ nervous/ fearful
☐ Excessive energy/ can't sit still
☐ Angry feelings that you can't control
☐ Behavior Problems
☐ Learning Difficulties
☐ Aggressiveness/ Hitting Others
☐ Autism related issues
☐ Unusual or unwanted thoughts
☐ Hearing voices or seeing things that others don't hear or see
☐ Repetitive thoughts or actions that you can't control
☐ Feeling that people are against you
☐ Parenting concerns
☐ Marriage/ relationship problems
☐ Problem with alcohol or drug use
☐ Court-required evaluation
☐ Recent suicidal thoughts (in past 3 months)
☐ Recent thoughts about harming someone (past 3 months)
☐ DCFS involvement
☐ Other court involvement

☐ Other problem(s) _____

Please tell us about your treatment history:

☐ No previous mental health treatment
☐ Currently/ recently receiving treatment and seeking to continue care
☐ Past treatment ☐ At Family Service ☐ Elsewhere Date last seen: _____

Please let us know what services you are looking for or feel you need at this time:

☐ **Therapy** – Meeting with a therapist on a regular basis to work on changes in your feelings and behavior
☐ **Medication Management** – Taking medication to help control symptoms and meeting regularly with a doctor