



Please fill out as much as you are comfortable sharing at this time.

Send completed applications to lmurdock@lgbtlancaster.org

Applications can also be mailed to:

Lancaster LGBT Coalition, c/o Lindsay Murdock,
342 N. Queen Street,
Candy Factory Warehouse D,
Lancaster, PA 17603

Client's legal name: _____ Chosen/actual name: _____ Gender: _____

Date of birth: _____ Date: _____ Age: _____

Sexual orientation: _____

Form completed by (if someone other than client): _____

Address: _____ City: _____

State: _____ ZIP: _____

Phone (home): _____

Phone (work): _____ (ext): _____

Emergency contact name: _____ Phone: _____

If you need more space for any of the following questions, please use the back of this sheet.

- Mental health concerns (specify):

Counseling/Prior Treatment History

Information about client (past and present):

	Yes	No	When	Where	Your reaction to overall experience
Counseling/Psychiatric treatment					
Suicidal thoughts/ attempts					

Drug/alcohol treatment					
Hospitalizations					
Involvement with self-help groups (ex. AA, Al-Anon, NA, Overeaters Anonymous)					

What are your goals for therapy?

Do you feel suicidal at this time?

Yes

No

If yes, please explain

Chemical Use History

	Method of use and amount	Frequency of use	Age of first use	Age of last use	Used in last:	
					48 hours (Y/N)	30 days (Y/N)
Alcohol						
Barbiturates						
Valium/Librium						
Cocaine/Crack						
Heroin/Opiates						
Marijuana						
PCP/LSD/Mescaline						
Inhalants						
Nicotine						
Over the counter						
Prescription drugs						
Other drugs						

When and where you typically use substances:

Describe any changes in your patterns:

Describe how your use has affected your family or friends (include their perceptions of your use):

Comments:

Any current or history of being a sexual perpetrator? Yes No

If Yes, describe:

Cultural/Ethnic

To which cultural or ethnic group, if any, do you belong? _____

Are you experiencing any problems due to discrimination? Yes No

If Yes, describe:

Legal

Current Status

Are you involved in any active cases (traffic, civil, criminal)? Yes No

If Yes, please describe and indicate the court hearing/trial dates and charges:

Are you presently on probation or parole? Yes No

If Yes, please describe: _____

Past History

Traffic violations Yes No

Criminal involvement Yes No

DWI, DUI, etc. Yes No

Civil involvement Yes No

If you responded Yes to any of the above, please fill in the following information

Charges	Date	Where (city)	Results

Education

Years of education:

Currently enrolled in school? Yes No

Fill in all that apply

High school graduate/GED

Vocational: Number of years: Graduated: Yes No Major:

College: Number of years: Graduated: Yes No Major:

Graduate: Number of years: Graduated: Yes No Major:

Other training:

Special circumstances (ex. learning disabilities, gifted):

Employment


List job history (begin with most recent job):

Employer	Dates	Title	Reason left	How often miss work?

Military

Military experience? Yes No

Combat experience? Yes No



Current housing:

Please tell us why you are applying to the HEART program and how we can support you in your journey:

Any special circumstances/needs (disabilities, food allergies, special physical, mental, or emotional needs:

Please list all current medications: