



SOLOMON FAMILY SOLUTIONS

Solomon Family Solutions' Therapeutic Services Application

Name:			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Date of Birth:	Race/Ethnicity:	Primary Language:	Secondary Language:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Phone Number:	Secondary Number:		
Address:			
	<i>Street</i>	<i>City, State ZIP</i>	
Name of Parent/Guardian (if under 18)			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
			<i>DOB</i>
Child 1:			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
			<i>DOB</i>
Child 2:			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
			<i>DOB</i>
Child 3:			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
			<i>DOB</i>
Child 4:			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
			<i>DOB</i>

Are you currently experiencing the following?

- Anxiety Yes No
- Sadness/Depression Yes No
- Grief Yes No
- Overwhelming Anger Yes No
- Feelings of Hopelessness Yes No
- Physical Disability Yes No

If yes, please explain _____



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Other Yes No

Please explain _____

Have you experienced any significant life changes or stressful events lately? Yes No

Please explain _____

Please explain _____

What would you like to accomplish with your time in Art Therapy?

Office Use Only

<i>Date Received</i>	<i>Hourly Rate</i>	<i>Referred by</i>	
<i>Testimony Needed?</i>	<i>Upcoming Court Date</i>	<i>Frequency</i>	
<input type="checkbox"/> Low <input type="checkbox"/> Middle <input type="checkbox"/> High	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<i>Risk Level</i>	<i>Day Requested</i>		<i>Time Requested</i>