

# Love & Joy Personal Care Home

4322 Mallow ST.  
Houston TX 77016  
Intake / Social

Client Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Previous physical address: \_\_\_\_\_ Highest grade level completed: \_\_\_\_\_

Sex (circle): Male Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ GED/ Highschool Diploma: \_\_\_\_\_ College: \_\_\_\_\_

## Diagnosis Eligibility Criteria:

Diagnosis: \_\_\_\_\_

Race (circle): White Black Hispanic other \_\_\_\_\_ Birth City and State: \_\_\_\_\_

Contact number: \_\_\_\_\_ Emergency Contact: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Medical Doctor Name: \_\_\_\_\_ Psychiatrist Name & number: \_\_\_\_\_

Are you part of the Waiver program: Act Team the Harris Center Texana Center gulf coast CPS VA

What program are you seeking: (circle) Adult Day Care Respite HCS-Services HCS -group home Assisted Living

***Financial: source of income: (no one payments will exceed 91% of the source of income)***

SSI: \_\_\_\_\_ SSDI: \_\_\_\_\_ VA Pension: \_\_\_\_\_ other: \_\_\_\_\_

## Parent's

Biological mother: \_\_\_\_\_ Biological father: \_\_\_\_\_

Were parents married at the time of your birth: (Circle) yes or no

Marital status: (Circle) Single Married Divorce widow

## Previous hospitalizations: (List all within 6-months)

Last hospital admission date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

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Hospital name address and phone number: \_\_\_\_\_

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Other: \_\_\_\_\_

Reason for admission: \_\_\_\_\_

What attempts was done to self-harm? \_\_\_\_\_

What objects was used to self-harm? \_\_\_\_\_

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Do the individual have a history of elopement? Yes or no

Do the individual have a history of seizure disorder? Yes or no If so what kind of seizure? \_\_\_\_\_

Please explain the seizure pattern: \_\_\_\_\_

Type of Drugs OD on: \_\_\_\_\_

Previous Drugs Use: \_\_\_\_\_

Does the client have a previous history of Abuse? (circle)      yes or no

Physical: \_\_\_\_\_

Mental: \_\_\_\_\_

Sexual: \_\_\_\_\_

Other: \_\_\_\_\_

Current List of medication:

Name	Dose	PO/ IM	frequency

Activities you enjoy doing: \_\_\_\_\_

Information provided by: \_\_\_\_\_