



**STEVE FRANKLIN, M.S.W., L.C.S.W.**

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Name \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Insurance/ ID# \_\_\_\_\_

How did you learn about my services? \_\_\_\_\_

Is there any other agency, individual or organization involved in your case who you might want me to contact?  
(explain)

\_\_\_\_\_  
\_\_\_\_\_

(If you want me to discuss your case with anyone else, ask for an "Authorization to Release Information")

Services Needed:  Individual  Family  Couples/Marital

**WHO LIVES IN YOUR HOUSEHOLD?**

Name							
Relationship	<b>SELF</b>						
Race/Sex							
Age							
D.O.B.							
Psychiatric Diagnosis							
Employer/School Last Grade Compl.							
# of Marriages							

**HAVE YOU OR ANY FAMILY MEMBER EVER HAD ISSUES WITH....**

	No	Yes	Who	Where/What	When
Psychiatric Hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Suicide Attempt?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Alcohol/Drug Usage? (Alcohol drug usage in past 30 days):	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Sexual/Physical Abuse?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Family Mental Illness history?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**Personal strengths** \_\_\_\_\_

**Social Supports** \_\_\_\_\_

**Other Comments:** \_\_\_\_\_

\_\_\_\_\_