

**Khepera House
Application for Admission**

Date _____

Name: _____ Phone #: _____

Address: _____

PATIENT INFORMATION

Occupation: _____ Age: _____

Social Security #: _____ / _____ / _____ Date of Birth: _____

Ethnicity: _____ Marital Status: _____

Medical Insurance/Coverage: No Yes. If yes, what kind: _____

What is your primary addiction? Include alcohol, prescription drugs and/or street drugs.

1) Name of Drug: _____ How long have you used? _____

Amount: _____ Date of last use: _____

2) Name of Drug: _____ How long have you used? _____

Amount: _____ Date of last use: _____

3) Name of Drug: _____ How long have you used? _____

Amount: _____ Date of last use: _____

Have you used needles in the last 12 months? _____

Living Arrangements: With Family Non-Related Adults Homeless Alone

Military Service: No Yes. If yes, what branch: _____

Legal Status: Probation Parole Name of P.O.: _____

Cases Pending: Y / N _____

Sex Offender: Y / N

Arson Registrant: Y / N

List any prescribed medication that you are currently taking or supposed to be taking:

Limitations/Disabilities: _____

Mental Health History/Diagnoses: _____

Prior AOD Treatment: _____

INTERVIEWER COMMENTS:

