ADMISSIONS APPLICATION

Helping the recovery community

Please take a few minutes to complete this application

Name	Email	Phone

What level of care are you applying for? [ ] Residential Treatment [ ] Sober Housing [ ] Outpatient Treatment

Emergency Contact Information (Name, Phone, Address, Relationship)

Do you currently have health insurance? [ ] Y [ ] N

Do you have a vehicle? [ ] Y [ ] N

Make	Model	Color	License Plate #

Have you ever been convicted of a misdemeanor? [ ] Y [ ] N

Please Explain

Have you ever been convicted of a felony? [ ] Y [ ] N

Please Explain

What Treatment Center(s) have you attended? If none, please put N/A. (Treatment Center Name, Levels of Care Attended, Date)

Are you currently taking any prescription medication(s)? [ ] Y [ ] N

Please Provide: (Name of medication, Dosage, Frequency, Prescribing Dr.)

Are you currently experiencing convulsions, delirium tremens, or are you in shock? [ ] Y [ ] N

In the last 3 months will need a Doctor's clearance to be admitted? [ ] Y [ ] N

When was the last time you used?

What was your DOC? (Drug of choice)

What was the longest period of sobriety?

At what age did you first start to use it? _____

Have you ever been involved with huffing? [ ] Y [ ] N

Do you have any special medical or heart related issues? [ ] Y [ ] N

Do you have any active communicable diseases? [ ] Y [ ] N

Are you currently using or withdrawing from alcohol or substances of abuse? [ ] Y [ ] N

Do you have any allergies to medication? [ ] Y [ ] N

Please list allergies here:

Do you have any food allergies? [ ] Y [ ] N

Please list allergies here:

Please provide names of currently active prescribed medications:

How did you hear about us?

☐ Self	☐ Educational System	☐ Family or Friend	☐ Courts	☐ Law Enforcement	☐ Correctional Agency
☐ Physician	☐ Mental Health Program	☐ Social Agency	☐ Public Psychiatric	☐ Clergy	☐ Private Practice MHP

What is your individual recovery plan? (groups, treatment, goals/plans)
