



Application for Admission

Date _____
Admission Date _____ Date of Birth _____
Resident's Name _____ SS# _____
Marital Status _____ Race _____ Age _____
Medicare? (circle one) Yes No Veteran? (circle one) Yes No
Education completed _____
In case of emergency, notify _____
Phone number _____
Referred by (name) _____ (agency) _____
Why have you chosen our facility _____

Medical / Psychiatric History

Where _____
When _____
Reason for admission _____
Current medical / emotional status _____
Current medications _____
History of violence _____

Alcohol / Drug Treatment Programs

Where _____
When _____
Length _____
Detox programs _____
Have you stayed here before? When? _____

Alcohol / Drug History

Age started _____ Last used date _____
Seizures? (circle one) Yes No Date of last seizure _____
History of DTs? Yes No Blackouts? Yes No
Marijuana? Yes No Hallucinations? Yes No
Cocaine? Yes No

Resident Name (Initial) _____

Today's Date _____

Date Issued 2/20/06