



**Pre-Admission Application**

Referring Agency: \_\_\_\_\_

Referring Person: \_\_\_\_\_

Telephone# \_\_\_\_\_ Date/Time of Referral \_\_\_\_\_

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security# \_\_\_\_\_ DOD: \_\_\_\_\_

Client's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Client's Home Phone Number: \_\_\_\_\_

<u>Drug(S) Of Choice</u>	<u>Length Of Abuse</u>	<u>Last Use</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

History of IV Drug Use? Yes  No

**Other Treatment (Drug/Alcohol and Psychiatric)**

<u>Facility</u>	<u>Dates</u>	<u>Did Client Complete</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Does Client Have Any Physical Problems? Yes  No

If Yes, Explain: \_\_\_\_\_

Is Client Dually Diagnosed? Yes  No

Is The Client A Veteran? Yes  No

**Medications:**

<u>Name</u>	<u>Amount</u>	<u>Purpose</u>	<u>Last Use</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Attending Psychiatrist/Physician: \_\_\_\_\_

**Legal:**

Is Client On: Probation  Parole

What Charge?: \_\_\_\_\_ Court: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does Client Have Any Open Charges? Yes  No

Charges \_\_\_\_\_ Court: \_\_\_\_\_

**Financial Information**

Is Client Employed? Yes  No

Is Client On Public Assistance? Yes  No  Medical Assistance? Yes  No

Date Of Pre-Admission Interview \_\_\_\_\_ Interviewer: \_\_\_\_\_

***Pre-Admission Data Checklist*** (To Be Mailed Or Faxed Prior To This Interview)

\_\_\_\_\_ Psychosocial History \_\_\_\_\_ Medical/ Physical Exam  
(With Physician's Signature)

\_\_\_\_\_ Psychiatric Evaluation \_\_\_\_\_ Psychological History

\_\_\_\_\_ Axis I-V Diagnosis  
with Mental Health Codes

\_\_\_\_\_ Medication Record \_\_\_\_\_ Tb Test Results (Within 6 Mos.)

\_\_\_\_\_ Copy Of Picture I.D. \_\_\_\_\_ Insurance/Ma Card

Admission Decision: Yes  No

Additional Comments: \_\_\_\_\_

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

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_