

RECOVERY HOME ADMISSION FORM

HOME NAME			
CLIENT LAST NAME		CLIENT FIRST NAME	
SOCIAL SECURITY NUMBER		<i>(enter numbers only no dashes)</i>	
DATE OF BIRTH		<i>(enter as mmddyyyy; numbers only no dashes)</i>	
ADMISSION DATE		<i>(enter as mmddyyyy; numbers only no dashes)</i>	

ADMISSION INFORMATION

REFERRAL SOURCE		<i>(Choose from drop-down menu)</i>
CURRENT EMPLOYMENT STATUS		<i>(Choose from drop-down menu)</i>
LIVING ARRANGEMENTS		<i>(Choose from drop-down menu)</i>
CORRECTIONS RELATED STATUS		<i>(Choose from drop-down menu)</i>
IS THE CLIENT PREGNANT?		<i>(Choose from drop-down menu)</i>

SUBSTANCE ABUSE HISTORY

PRIMARY DRUG		DATE OF LAST USE	
TYPICAL FREQUENCY WHEN USING		<i>(Choose from drop-down menu)</i>	
SECONDARY DRUG		DATE OF LAST USE	
TYPICAL FREQUENCY WHEN USING		<i>(Choose from drop-down menu)</i>	
TERTIARY DRUG		DATE OF LAST USE	
TYPICAL FREQUENCY WHEN USING		<i>(Choose from drop-down menu)</i>	

FREQUENCY OF ATTENDANCE AT SELF-HELP PROGRAMS		<i>(Choose from drop-down menu)</i>	
NAME OF CURRENT TREATMENT PROVIDER		<i>(Choose from drop-down menu)</i>	
IS CLIENT WORKING WITH A PEER RECOVERY COACH		IF YES, PROVIDE COACHES NAME	

(Choose from drop-down menu)