



Recovery House Admission Screening Form

Please email completed form to Calvin.Gordon@perceptionprograms.org

Applying For: Wilson House (Co-Ed) Bills House (Female Only)

Date of Application: _____

Requested Date of Admission: _____

DEMOGRAPHICS

Name: _____

DOB: _____

Cell Phone: _____

Email Address: _____

Social Security Number: _____

Present Address: _____

Relationship Status: _____

Emergency Contact Person (Name, Number & Phone): _____

Are you Employed Yes No

If yes, list name of employer, hourly rat and number of hours worked weekly: _____

Other Source of Income: _____

SUBSTANCE USE HISTORY

Substance of Choice and Method: _____

Sobriety Date: _____

MEDICAL INFORMATION

Medical Insurance Name and Number: _____

Medical Conditions: _____

Medication (List all medications, dosage, and frequency below): _____

Primary Care Doctor Name, Address and Phone Number _____

BEHAVIORAL HEALTH

Provide name, agency affiliation, phone, and frequency of services for all noted below.

Individual Therapist: _____

Psychiatrist/APRN: _____

Case Manager: _____

Other: _____

Diagnosis: _____

LEGAL HISTORY

Have you ever been arrested? Yes No If Yes, provide details _____

Parole/Probation Office Name and Phone Number: _____

Please Note:

- ❖ Effective 8/25/20 all new admission will require proof of a negative COVID test no more than 7 days prior to admission.
- ❖ A signed Resident Handbook and Release of Information's for all noted individuals above will be required on or at the time of admission.
- ❖ A copy of your insurance card will be required upon admission.
- ❖ Any resident taking a controlled substance will be required to provide a combination lock box for storage and consent to administration by Staff Mates