



Recovery House Admission Screening Form

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

Applying For:  Wilson House  Bills House \_\_\_ Dean's house

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