



Application for Admission

Demographic Information

Name _____ Gender M / F

Current Address _____ Date of Birth _____ Cell Phone _____

City _____ State _____ Zip _____ Marital Status _____

of Dependents _____ Sobriety/Clean Date _____

Are you willing to make a 6-month commitment to EvenStill? Yes No

Emergency Contact _____ Phone _____ Relationship _____

Drug Use Information

Drug of Choice and brief use history _____

Last Drink/Use Was (Should match with Sobriety/Clean Date from previous section) _____

Do you believe you are an alcoholic/addict? Yes No

Are you willing to abide by the zero tolerance policy at EvenStill? Yes No

Are you willing to submit to random drug screens and breathalyzer? Yes No

Treatment Information

Referring Facility _____ Primary Counselor _____

Admit Date _____ Discharge Date _____

Are you willing to attend IOP? Yes No

Explain _____



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Are you willing to commit to seeing an individual therapist no less than 2x per month? Yes No

Has your family or significant other completed a family program? Yes No

12 Step Program History

What will be your primary 12 Step Group? AA NA Other _____

Are you willing to attend 7 AA/NA meetings per week? Yes No

Do you currently have a sponsor? Yes — Who? _____

No — Are you willing to obtain a sponsor within 3 weeks of moving in? Yes No

Are you willing to meet face to face with your sponsor once per week? Yes No

Medical History

Are you currently being treated for any physical medical conditions? Yes No

If yes please describe _____

Are you currently seeing a psychologist, psychiatrist or mental health professional? Yes No

If yes please explain _____

Have you ever attempted suicide? Yes No Date? _____

If recovering from opiates are you willing to receive Vivitrol monthly while at EvenStill? Yes No NA

Are you on any prescribed medications? Yes No



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****Failure to report medications at the time of application may result in dismissal from the program. No exceptions will be made allowing the use of narcotic prescriptions while enrolled in the program.**

Please list all current prescription and over the counter medications:

| Medication | Dosage | Prescribing Doctor |
|------------|--------|--------------------|
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| | | |

Are you willing to abide by EvenStill's Medication policy? Yes No

Legal History

Are you currently involved with the legal system in any way? Yes No

If yes, please explain

Are you currently under parole, probation, or suspended imposition of a sentence? Yes No

| CRO or PO Name | Phone Number |
|----------------|--------------|
| | |

Are you willing to sign a release of information for EvenStill to communicate with this person? Yes No

Are you a registered sex offender? Yes No

Do you have a history of violent crimes on your record? Yes No

Financial Information

Are you able to afford the EvenStill's monthly fee of \$1350? Yes No

Are you able to afford the \$650 admission fee? Yes No

Transportation

Do you have a vehicle? Yes No

Can you provide valid copies of current driver's license, insurance, and registration? Yes No

Professional

Are you required to report to any licensing board? Yes No

If yes, please explain

