



# 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 at attend IOP?  Yes  No

Explain \_\_\_\_\_  
 \_\_\_\_\_



# Application for Admission

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



# Application for Admission

**\*\*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

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 \$1450?  Yes  No

Are you able to afford the \$900 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



# Application for Admission

## For Referring Treatment Center

Please include a copy of the H&P, psychosocial, and psychiatric consult (if applicable) with the application.

Notification of acceptance or denial will be done by telephone. Please be informed that in order for your name to be added to our waiting list, the Application for Admission must be completed and returned. Once it is received, your application will be reviewed and you will receive notification of acceptance or denial. In order to remain on the waiting list, it is your responsibility to have weekly contact with us. If we do not hear from you, you will be removed from the waiting list.

Briefly explain what you expect from EvenStill. (Must be completed in order for application to be processed)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing I agree to all the above said statements and attest that all information given is true to the best of my knowledge.