

Adult Pre-admission Information Sheet

____ MKW pickup

Admit Date: _____ **Transportation:** _____

Date of Assessment: _____ Date of Update (If applicable): _____

Dimensions: 1: ____ **2:** ____ **3:** ____ **4:** ____ **5:** ____ **6:** ____

Name: _____ **DOB:** _____

Address: _____ **City & State:** _____ **Zip:** _____

Telephone #: _____ **Soc Sec #:** _____

Enrollment #: _____ **Reservation:** _____

Emergency Contact (Name & relationship): _____ **ph#:** _____

Referent: _____ **Telephone #:** _____

Referring Agency: _____ **Address:** _____

Funding (# of days in treatment): _____ **Check one:** ____ **Consolidated Funds through:** _____

PMI CHECK: _____ **Insurance: Company:** _____

ID #: _____ **Group #:** _____

Deductible: _____ **CoPay:** _____

Medical Condition (s): _____

If client is female, is she pregnant? Circle Yes or No If Yes, additional information may be requested.

Prescription Medications: _____

Has the client ever been diagnosed with a Mental Health Disorder? Circle Yes or No **If Yes, please**

specify Mental Health Issues/Diagnosis/Meds: _____

Has the client ever been charged with a sexual assault?: Yes ____ No ____ (if yes, explain on the back)

Legal Issues: _____

Probation Officer's Name: _____ **ph#:** _____

Address: _____ **City & State:** _____ **Zip:** _____