

Adult Pre-admission Information Sheet

____ MKW pickup

Admit Date: _____ **Transportation:** _____

Original Contact Date (OCD): _____ Room #: _____ Date of Assessment: _____ Assessment received: _____

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:** _____