

# HOPE HAVEN RECOVERY RESIDENCE

## PRE-ADMISSION FORM

REVISED 8/2020

**DATE:**

**NAME:**

**ADDRESS:**

**PHONE NUMBER:**

**DATE OF BIRTH:**

**SOCIAL SECURITY NUMBER:**

### ***INSURANCE INFORMATION* : CHECK BELOW**

**ANTHEM**

**AETNA**

**HUMANA**

**CARESOURCE**

**PASSPORT**

**WELLCARE**

**OTHER**

**CAN YOU PAY THE INTAKE FEE OF \$150.00?**

**YES**

**NO**

**PRESENTING PROBLEM:**

**TIME SOBER / DRUG OF CHOICE:**

**CURRENT CHARGES / PROBATION / PAROLE:**

**COURT DATES:**

***LEGAL HISTORY***

**HAVE YOU EVER BEEN ARRESTED FOR A CRIME WHICH INVOLVES**

**DOMESTIC VIOLENCE**

**BURGLARY WITH A WEAPON**

**ASSAULT**

**GANG INVOLVEMENT**

**OTHER**

**DO YOU HAVE A FELONY**

**YES**

**NO**

**If yes, please explain**

## ***EDUCATION LEVEL***

**COLLEGE**

**HIGH SCHOOL**

**GED**

**DIDN'T COMPLETE HS**

**OTHER**

## ***COUNSELING HISTORY***

**IMPATIENT:**

**OUTPATIENT:**

**IOP:**

**MAT:**

**RECOVERY RESIDENCE OR SAP PROGRAM:**

**HAVE YOU EVER BEEN DIAGNOSED WITH  
A MENTAL HEALTH DIAGNOSIS?**

**YES**

**NO**

**If yes,**

**Diagnosis:**

**By Whom:**

**When:**

## HAVE YOU EVER BEEN DIAGNOSED WITH:

Schizophrenia

Bipolar Disorder

PTSD

Major Depression

Schizo-affective Disorder

Psychotic Disorder

Hearing Voices

Seeing Things That are not There

SI / HI Thoughts or Attempts

## *MEDICATION HISTORY*

<b>Do you have a serious medical condition? If yes, please explain</b>	<b>YES</b>	<b>NO</b>
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<b>Have you been around anyone with a fever, cough, or shortness of breath?</b>	<b>YES</b>	<b>NO</b>
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<b>Do you have any special needs that would affect your stay at Hope Haven? If yes, please explain</b>	<b>YES</b>	<b>NO</b>
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**CURRENTLY HOUSED:**

**BED DATE DESIRED:**

**What is your motivation to live a clean and sober lifestyle in a safe and structured recovery residence (*answer in own words*)?**

**COMPLETED BY HOPE HAVEN STAFF ONLY**

**Evaluator's Opinion of Appropriateness of Referral:**

**Evaluator's Recommendation:**

**Admit**

**Not Appropriate**

**Deferred**