

# APPLICATION FOR ADMISSION TO SAMARITAN COLONY

Phone #: 910-895-3243

Fax #: 910-895-8612

## Note to referring Counselor:

To be considered for admission or to be placed on waiting list it is important to fill this form out completely. If possible give us a couple of phone numbers where your client can be reached.

Client Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Client Address: \_\_\_\_\_ County: \_\_\_\_\_

Referring Counselor: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

Presenting Problem / Chemical Use History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Drug/Alcohol use (Amounts and Frequency): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Treatment Episodes (Place & Year): \_\_\_\_\_

\_\_\_\_\_

Medical Problems: \_\_\_\_\_

Psychiatric Issues: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ / Employed \_\_\_\_ Unemployed \_\_\_\_ Disability \_\_\_\_

Referral/Client phone number(s): \_\_\_\_\_

Referral/Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_