

Online Admissions Form

Please complete as many questions as possible and fax the completed form to: 770.997.8480.

Online Admissions Form Information about person submitting this application

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to patient: _____

Street Address: _____

Street Address: _____

City: _____ Zip Code: _____ Country: _____

Phone Number(s) (please provide a number that is appropriate to call when an Intake Counselor contacts you) ...

Home Phone: () _____ Best time to call: _____

Work Phone: () _____ Best time to call: _____

Mobile Phone: () _____ Best time to call: _____

Is it okay to contact you? No Yes Email Address: _____

How did you learn about TRC? _____

Patient Information

First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: Male Female

Street Address: _____

Street Address: _____

City: _____ Zip Code: _____ Country: _____

Phone Number: () _____

Marital Status...

- Never been married Married Divorced Separated Widowed

How will you be paying for your treatment?

- Cash Cashier's Check Money Order Credit Card Insurance

Insurance Information

ID#: _____ Group#: _____

Insurance Company Name: _____ Insurance Company Phone Number: () _____

Name of Employer: _____ Name of Policyholder: _____

Relationship to Patient: _____

Phone Number: () _____ Policy Holder's Date of Birth: ____/____/____

Do you want us to verify your coverage prior to contacting you? No Yes

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Questionnaire

Name of drug: _____

How long have you used: Months: 3 6 9 Years: 1 2 3 4 5 6 7 8 9 10 More than 10 years, Amount: _____

Name of drug: _____

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Name of drug: _____

How long have you used: Months: 3 6 9 Years: 1 2 3 4 5 6 7 8 9 10 More than 10 years, Amount: _____

Have you ever been to treatment before? No Yes

(if so, complete the section(s) below - please be sure to include inpatient and outpatient programs attended)

Name of program:

Type: Select Inpatient Outpatient Other Dates attended: From: ____/____/____ To: ____/____/____

Did you complete treatment? Not Yes Was this a 12-step program? Not Yes

Name of program:

Type: Select Inpatient Outpatient Other Dates attended: From: ____/____/____ To: ____/____/____

Did you complete treatment? Not Yes Was this a 12-step program? Not Yes

Name of program:

Type: Select Inpatient Outpatient Other Dates attended: From: ____/____/____ To: ____/____/____

Did you complete treatment? Not Yes Was this a 12-step program? Not Yes

Have you ever attempted to stop drinking or using? No Yes

If so, which of the following symptoms did you experience? (Please check all that apply)

Seizures Shakes Tremors Swelling Headaches Nausea Vomiting Other...

If "Other", please describe: _____

Are you currently or have you ever seen a psychologist, psychiatrist, therapist or counselor? No Yes

If so, when? _____

If so, why? _____

Were you given a diagnosis? No Yes

If so, what was it? _____

Were you placed on any medication? No Yes

If so, what type and the amount of dosages? _____

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Questionnaire (continued)

Have you thought, planned or attempted suicide? No Yes

If so, when? _____

Were you under the influence at the time? No Yes

Have you been ill or hospitalized in the past 30 days? No Yes

If so, why? _____

Do you have any medical problems or physical pain? No Yes

If yes, please describe... _____

Are you currently taking any prescribed medications? No Yes

If yes, what type of medication(s)? _____

Who prescribed the medication to you? (Doctor's name) _____

Are you able to walk, feed, dress, bathe and care for yourself? No Yes

Please check yes or no for the following...

No Yes - Do you have any legal problems from your substance use?

No Yes - Have you driven under the influence?

No Yes - Have you lost a job due to your use?

No Yes - Have you missed work/called in sick due to your use?

No Yes - Are you isolating yourself from family and friends?

No Yes - Is there is a history of addiction in your family?

No Yes - Do you have medical problems due to your use?

For additional information please call our Admissions Department at:

Toll Free: (800) 445-4232

Or at: 770-994-0185