



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

For additional information please call our Admissions Department at:

Toll Free: (800) 445-4232

Or at: 770-994-0185