



Spring Lake Ranch
 Therapeutic Community
Working Toward Wellness

1169 Spring Lake Road
 Cuttingsville, VT 05738
 802.492.3322
 www.springlakeranch.org

Rutland Program
 26 Washington Street, Box 9
 Rutland, VT 05701
 802.775.0808

APPLICATION FOR ADMISSION

DEMOGRAPHICS

Today's Date _____ Person Filling out Application _____
 Applicant's Name _____
 Address _____ City _____ State/Zip _____
 Phone _____ Cell _____ Other _____
 SSN _____ email: _____
 Date of Birth ___ / ___ / ___ Male ___ Female ___ Marital Status: _____

1) Family (please list both mother and father)

MOTHER OR SIGNIFICANT OTHER

Name _____
 Address _____ City _____ State/Zip _____
 Phone _____ Cell _____ Work _____
 Email _____ Occupation _____
 Marital Status: Married Divorced Widowed Single

FATHER OR SIGNIFICANT OTHER

Name _____
 Address _____ City _____ State/Zip _____
 Phone _____ Cell _____ Work _____
 Email _____ Occupation _____
 Marital Status: Married Divorced Widowed Single

Is there a court appointed legal Guardian or Power of Attorney for Medical or Financial purposes?

Y ___ N ___.

If so, please fill in information below, and bring a copy of documentation for our records.

Name _____ Phone _____ Email _____
 Address _____ City _____ State/Zip _____

*It is important that we receive page 1-4 of this form and psychiatric records prior to your visit.
 Please mail or fax this completed form to 802.492.3331 (Attention: Admissions)*

Emergency Contacts

1. Name _____ Relationship _____
Phone _____ Cell _____ Work _____ Email _____
2. Name _____ Relationship _____
Phone _____ Cell _____ Work _____ Email _____

2) Referral Source - Where did you hear about Spring Lake Ranch?

Name _____ Hospital _____
Address _____ City _____ State/Zip _____
Phone _____ Email _____

3) Person financially responsible for resident _____

4) Health Insurance Co. _____ Phone _____
Address _____ City _____ State/Zip _____
Policy # _____ Group # _____
Policy Holder _____ Policy Holder's Date of Birth ____/____/____
Medicare _____ Medicaid _____

5) Are there any current or pending legal issues or probation requirements? If yes, please explain.

6) What are your hopes for being admitted to Spring Lake Ranch?

8) The first month after being admitted to Spring Lake Ranch is typically an ongoing assessment period. If it is determined at any point during this month that the Ranch is not the best fit for your needs, where else would you plan to go?

Identification. Should you be admitted, you will be required to provide copies of the following documentation and identification so that we will have a copy on file: 1) Insurance Cards 2) Valid Driver's License or Photo ID or Passport.

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General Medical Information

Name of Applicant: _____ Date of Birth: _____

Person filling out this form: _____ Date: _____

Medical Requirement: If the applicant has had a physical examination within the past 90 days, we will require a copy of that record. If not, it is a state licensing requirement that we schedule an appointment for a physical within 45 days of admission.

Personal Medical History:

Please indicate whether resident has had any of the following medical problems, and approximate dates

_____ High cholesterol	_____ High Blood Pressure	_____ Kidney disease
_____ Diabetes	_____ Thyroid problem	_____ Seizure
_____ Asthma/Lung Disease	_____ Head Injury	_____ Lyme's disease
_____ Heart Disease (specify) _____	_____ Cancer(specify) _____	
Major Surgeries _____	_____ Other(specify) _____	

Allergies or reactions to medications: _____

What medical aids or devices such as glasses, CPAP, prosthesis, are you currently using?

Date of your most recent IMMUNIZATIONS:

Hep A _____ Hep B _____ Influenza (flu Shot) _____ MMR _____ Pneumovax (pneumonia) _____ Tetanus _____
Meningitis _____ Varicella shot _____ Chicken Pox illness _____ Tdap (tetanus & pertussis) _____

Tobacco Use

Cigarettes: Never Quit Date _____ Current Smoker: Packs/day _____ #of yrs _____

Other Tobacco: Pipe Cigar Chew E cigarettes/vaporizer

Are you interested in quitting? Yes No

Alcohol Use

Do you drink alcohol? No Yes (Number of drinks per week) _____

When was your last drink _____

Has your alcohol use ever been a concern for you or others? Yes No

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Drug Use

Do you use any recreational drugs? Yes No

Have you ever used needles to inject drugs? Yes No

When did you last use any substances _____

Other information that may be helpful in your care and treatment:

Please list all medications (psychiatric and medical) you are currently prescribed and any non-prescription medicines, vitamins, remedies, birth control pills, or herbs you take on the next page:

List all Current Medications:

Medication	Dose	Times per day

Medication	Dose	Times per day

List any non-prescription medicines, vitamins, remedies, birth control pills, or herbs you take:

Medication	Dose	Times per day

Medication	Dose	Times per day

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For office Use Only

Has SLR received all records from previous psychiatric providers? Yes No

Has SLR received all records from previous substance use providers? Yes No

FOR SLR USE ONLY	
Admission Date _____	Previous Stay _____
House _____	HA _____
RA _____	CTL _____

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