



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 ___ / ___ / ___ Gender: _____ Marital Status: _____

1) Family (please list both parents)

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, Health Care Proxy, or Power of Attorney for Medical or Financial purposes?

Y ___ N ___.

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

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

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

1) 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) Primary Care Provider

Name _____ Phone _____ Fax _____
Year PCP began seeing resident _____

5) Health Insurance Co. _____ Phone _____

Address _____ City _____ State/Zip _____
Policy # _____ Group # _____
Policy Holder _____ Policy Holder's Date of Birth ____/____/____
Medicare _____ Medicaid _____

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

7) 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:

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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Demographic Information

What is your race/ethnicity?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino or Spanish Origin of any race
- Native Hawaiian or other Pacific Islander
- White
- Other/Prefer not to say

What is your highest level of completed education?

- Some High School
- Some College
- Master's Degree
- GED or Equivalent
- Associate's Degree
- Doctorate Degree
- High School Graduate
- Bachelor's Degree

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 _____
CM _____	Clinician _____

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