



## Resident Entry Form

Name (First) \_\_\_\_\_ (M) \_\_\_\_\_ (Last) \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Sec # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_  
Marital Status S M D W P Children Y / N

Children (names/ages)

\_\_\_\_\_

Spouses/Partner Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

### Emergency Contact Information

Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

### Legal Information

Legal Involvement:

On Probation Y / N

Outstanding Warrants? Y / N

Have you ever been convicted of any violent or sexual crimes? Y / N

### Education

Check Highest Grade Completed:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Less than HS | <input type="checkbox"/> 2 Year Degree  |
| <input type="checkbox"/> HS/GED       | <input type="checkbox"/> 4 Year Degree  |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Masters or PhD |

### Professional/Work History

Professional License (MD, DVM, etc.) \_\_\_\_\_

Profession/Employment \_\_\_\_\_

**Religious Preference**

- Protestant/Christian     Muslim
- Catholic     Buddhist
- Jewish     None     Other \_\_\_\_\_

**Demographic Information**

Race

- Caucasian     Native America     Hispanic
- African American     Asian-Pacific Islander     Other \_\_\_\_\_

Household Income (Check One)

- Less than \$10,000     \$25,000 – 50,000     Over \$75,000
- \$10,000 – 25,000     \$50,000 – 75,000

Military Service Y / N    Branch \_\_\_\_\_    Type of Discharge \_\_\_\_\_

**Previous Diagnosis (Check all that Apply)**

- Substance Abuse     Mood/Personality Disorder: Type \_\_\_\_\_
- Eating Disorder

**Addiction History**

Current recovery date \_\_\_\_\_

Drug of Choice (Check all that apply)

Have you ever relapsed in the past? Y / N

- Alcohol     Benzodiazapines     Hallucinogen     Opiates
- Amphetamines     Cocaine     Marijuana
- Other(s) \_\_\_\_\_

**Referral Information**

Last Treatment Center Name \_\_\_\_\_

**What is the most important information you would like us to know about you?**

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