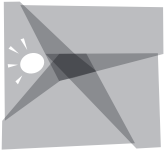


**APPLICATION FOR
ADMISSION**



THE CROSSROADS
CHANGING LIVES. ONE PERSON AT A TIME.

Name: _____ Date: ____ / ____ / ____

Date of Birth: _____ Age: ____ Social Security#: _____ / ____ / _____

Address: _____

Ph (H) () _____ (W) () _____ (C) () _____

Insurance Provider: _____ Insurance ID#: _____

Marital Status: S D M W

Current Employer: _____ Usual Occupation: _____

Work Address: _____ Days/Hrs worked _____

Race: _____ Religion: _____

Referred to The Crossroads, Inc. by: _____

Have you ever received treatment for your addiction: Y N

Where? _____

When? _____ How Long: _____

What is your substance of choice? _____

Most common method of use? _____

On the average, how much did you use? Daily Weekly

Date of last use of any drug (including alcohol): _____ What did you use? _____

What has been your longest period of abstinence? _____ When was that? _____

Have you experienced any of the following (fill in all that apply):

- D.T.'s
- Overdose
- Blackouts
- Depression
- Seizures
- Diabetes
- Bipolar Disorder
- Anxiety
- Paranoia
- Epilepsy
- Manic Episodes
- Manic Depressive Disorder

Please list any physical or mental problems: _____

Are you on any medication? Y N

Medication Name: _____ for _____ Dr. Name: _____

Medication Name: _____ for _____ Dr. Name: _____

Medication Name: _____ for _____ Dr. Name: _____

Have you ever been arrested? Y N If yes, when? _____

If so, what were the charges? _____ Any outstanding warrants? Y N

For: _____ Name of Probation Officer _____ Ph () _____

Do you have a current drivers license? Y N Lic.# _____ Issuing State: _____

Make and model of Car: _____ Yr: _____ License Plate: _____

Highest Grade completed in School (1-16): _____ Diploma, GED, Degree: _____

Signature: _____ Date: ____ / ____ / ____

Witness: _____ Date: ____ / ____ / ____

Office hours:

Monday – Friday:
8:00am – 5:00pm

Main Office:
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