



2121 Vine Street
Cincinnati, OH 45202
Phone (513) 784-1853
Fax: (513) 827-6460

Pre-Admission Questions:

Are you an alcoholic? Yes No Are you an addict? Yes No
Are you a convicted sexual offender or predator? Yes No
Have you been convicted of arson? Yes No

Note: If the answer is yes to either, halt the application.

Current Valid ID? Yes No

Admission Application:

Name _____ Date _____
Address: _____ Phone: _____
In case of emergency, notify: _____ Phone: _____
Marital Status: _____ Birth Date: _____
Have you been here before: Yes No If so, when? _____
Referred by: _____ Education Completed: _____

Alcohol/ Drug History

Date Last Used: _____
What did you use? _____
What drugs have you used in the last six months? _____

(Over)

Longest Period of Previous Sobriety: _____

Have you ever attempted suicide? / When? _____

List all current medications: _____

Do you have legal charges pending? Yes No If yes, what? _____

Are you on probation or parole? Yes No

If yes, what is your P.O.'s name? _____ Phone: _____

Do you have a history of violence? Yes No If yes, please explain _____

Are you employed? Yes No If yes, employer's name: _____

Employer Phone #: _____

What kind of work do you do? _____

Current Medical Condition: _____

Current Emotional Status: _____

Please briefly explain why you have chosen our facility and what goals you would like to accomplish during your stay:

Please note: If you are accepted, you may bring up to two (2) bags or suitcases of personal items.

Date of Admission: _____ Staff Name: _____

Application taken by (print your name) _____