

Discovery Institute Online Application Form

(Please complete this form and fax to 732.817.0627)

Confidentiality Notice:

All application information is protected is protected by Federal law. Federal regulations (42 CFR – Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted in such regulations. A General Authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. If you are not the intended recipient of this information, please contact the sender and destroy all copies of the original message.

Date: _____

Is this form being completed by a loved one, friend, or employer of the prospective client? Yes No

If so, please provide your contact information below:

Name: _____

Relationship to client: _____ Phone number: _____

Email address: _____

Information About the Prospective Client

Name (first, middle, last): _____

Phone Number: _____ Is this a cell phone? Yes No

Email Address: _____

Home Address: _____

(#, street)

(town)

(state)

(county)

Date of Birth: _____ Age: _____ Sex: Male Female SS#: _____

Current Marital Status: Single Married Divorced Widowed

Emergency Contact: _____ Relationship: _____

Address: _____

(#, street)

(town)

(state)

(county)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

➤ Alcohol and/or Drug Use History (current/past):

Primary _____ Last use: _____ How much / How often? _____

Secondary _____ Last use: _____ How much / How often? _____

Third _____ Last use: _____ How much / How often? _____

Please list other substances used during your lifetime: _____

Have you been in treatment or recovery facilities before? Yes No

If “Yes,” please indicate what types of treatment / facilities you’ve been in:

Detox Outpatient IOP Day program Short-term residential Long-term residential

Halfway House Sober Living (i.e., Oxford House)

➤ Health and Social Information:

Current medical problems (i.e., high blood pressure, diabetes): _____

Current mental health problems (i.e., depression, anxiety): _____

Current medications:

(Name) (Dose) (Why?)

(Name) (Dose) (Why?)

(Name) (Dose) (Why?)

(Name) (Dose) (Why?)

(Name) (Dose) (Why?)

(Name) (Dose) (Why?)

Have you been hospitalized in the past 5 years for medical or mental health problems? Yes No

(Name of Hospital / Facility)

(Dates)

(How many days?)

(Why?)

(Name of Hospital / Facility)

(Dates)

(How many days?)

(Why?)

(Name of Hospital / Facility)

(Dates)

(How many days?)

(Why?)

Current / past legal problems: DWI / DUI Drug charges Domestic Violence Assault DYFS

Traffic tickets Robbery Burglary / Theft Assault Weapons Prostitution

Murder Arson Fraud Forgery Violation of Probation/Parole Child Support

Have you ever been incarcerated for more than 3 weeks? Yes No

Are you currently employed? Yes No If no, how long have you been unemployed? _____

Do you have health insurance? Yes No

If yes, what type of insurance? _____

Insurance ID#: _____ Group #: _____

Although Discovery Institute is recognized by some insurance companies, your entire length of stay is not covered and therefore, financial arrangements must be made prior to admission. Financial aid is available to those who qualify. The Admissions Department will review our financial aid information with you in response to your application.

➤ Referral Source:

How did you hear about Discovery Institute? Internet Family Friend Phone book AA/NA

Hotline Judge / Probation / IDRC Attorney Private Therapist Treatment program

➤ Questions / Comments: _____

THANK YOU...The Admissions Department staff will contact you as soon as possible.