



ALUMNI Admission Form

THIS IS AN INTERACTIVE DOCUMENT. SIMPLY PLACE YOUR CURSOR OVER THE ITEM YOU WISH TO FILL IN AND BEGIN TYPING.

PLEASE COMPLETE, PRINT THIS DOCUMENT AND FAX TO 1-888-875-0511. A STAFF MEMBER WILL CONTACT YOU WITHIN 24 HOURS.

Client (Patient) Information:

Name

(First) (Middle Initial) (Last)

Address

Street/PO Box

City/Town

Prov/State Postal/Zip

Telephone Numbers
Home: _____ Cell: _____

Other (specify):

Email address:

Age Date of Birth

Provincial Health Care No.

Extended Health Care No.

Extended Health Carrier

Group Plan No. (Back of Card)

Requested Admission Date:

Will you be needing travel assistance? Yes No

Will you be needing detox? Yes No

Funding Guarantor (if different from client):

Name

(First) (Last)

Address

Street/PO Box

City/Town

Prov/State Postal/Zip

Telephone Numbers
Home: _____ Work: _____

Relationship to client? self-pay EAP employer
family member other

Payment:

How will you be paying? cheque money order
wire transfer credit card

Source of Information (if different from Client or Funding Guarantor):

Name of person completing this application:

(First) (Last)

Relationship to Client

Telephone Numbers
Home: _____ Work: _____

Cell:

Additional information required:

Have you begun using any new substances since your last time at SCHC?

Yes No

If yes, which ones? How often?

Please describe your current substance use.

Name of Drug

Pattern of use (daily, weekend, binge)

Amount used per occasion

Length of use

Date of last use

Name of Drug

Pattern of use

Amount used per occasion

Length of use

Date of last use

Are you currently on a replacement therapy such as Suboxone or Methadone?

Yes No

If yes, please describe:

Suboxone

Methadone

Dosage:

Length of time on this dosage:

Have you recently been hospitalized?

Yes No

If yes, please describe and provide dates:

Have any of your medications changed since your last time at SCHC?

Yes No Had no medications during last stay

If yes, please provide name, dosage, duration of use, and reason taken:

Has your relationship status changed since your last time with us?

Yes No

If yes, please describe briefly:

Precipitating Event/Motivation

Has a specific event(s) prompted this return?

Yes No