

GateHouse Transitional Living

Referral Application

Name - _____

Current Address- _____

Phone Number - _____

Email - _____

DOB - _____

Emergency Contact: _____

Address _____

Phone _____

Are you currently employed? ____ Y ____ N

Employer Name and Address - _____

Employer phone - _____

What is the amount and source of your income? _____

Do you have a sponsor? ____ Y ____ N

If no, are you willing to get one? ____ Y ____ N

Are you willing to attend 12-step meetings? ____ Y ____ N

What is your clean date? _____

Do you have a religious affiliation? _____

Do you belong to any Civic or Social Groups? _____

Describe your Family situation (Spouse? Children? Include ages): _____

Are you willing to relocate to Lancaster? ____ Y ____ N

If no, why not? Please explain: _____

What Goals (list 2 or 3) are you looking to accomplish during your stay at REI, in addition to abstaining from drugs and alcohol?

1. _____

2. _____

3. _____

TREATMENT HISTORY

Name of current facility: _____

Counselor: _____ Phone: _____

What is your Drug of Choice? _____

What other Drugs have you used? _____

Date of last use: _____

List year and name of other facilities you have been to for substance abuse:

Detox- _____

Rehab - _____

Halfway House - _____

Recovery House - _____

Have you ever left AMA or been discharged prior to completion of treatment?

Why? _____

Are you currently or planning on taking/or have you taken Suboxone, or methadone as part of your treatment? (If yes, please indicate which and provide dates)

Physician/Facility supervising treatment- _____

Physician/Facility phone # - _____

HEALTH HISTORY

List all prescription drugs you are taking and why you are taking them:

Medication: _____ Dosage: _____ Diagnosis: _____

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Medication: _____ Dosage: _____ Diagnosis: _____

Are you allergic to anything? ____ Y ____ N If yes, what? _____

Family Doctor - _____ Phone - _____

Medical Insurance - _____

Do you have a history of the following? (Please check all that apply)

Violence / Aggression _____ Personality Disorder _____

Sexual abuse _____ Suicidal ideations _____

Depression _____ Suicidal attempts _____

Self- mutilation _____ Bulimia / anorexia _____

ADD/ADHD _____ Bi-polar Disorder _____

If checked yes, please explain -

Do you have any other mental or physical disabilities? -

LEGAL HISTORY

Have you ever been arrested? _____

List all charges - _____

Do you have any criminal or civil cases pending? _____

Are you currently on probation or parole? _____

Probation/Parole officer: _____

Phone Number - _____

Do you owe fines and costs? _____ Amount? _____

Are you involved with Family/Children Services? _____

Caseworker: _____ Phone Number: _____

County: _____

Please **EMAIL** completed applications to: jseverson@gatehouse.org

OR

FAX completed applications to: (717) 397-1453 attn: James S.