North Country HEALTH CONSORTIUM

Friendship House
Residential Treatment Facility

CLIENT APPLICATION FOR ADMISSION TO FRIENDSHIP HOUSE

Please print, complete, and fax to (603) 869-2355. After sending, please call (603) 869-2210 to check that it was received.

Date: _____

Were you referred by someone (Provider, Emergency Room, Parole Officer, Attorney)? Yes/No (circle one)

If so, who? _____

Personal Information

Name: _____ DOB: _____

What gender do you identify with? Male_____ Female_____ Other_____

Marital Status (single, married, widowed, separated or divorced):_____

Social Security #:_____

Address: _____

Phone Number (s):_____

Email: _____

Are you homeless? Yes/No (circle one) Are you a Veteran? Yes/No (circle one)

Preferred Drugs (s):_____Route:_IV Y/N

Date of Last Use:_____Age of 1st Use: _____

Have you been in treatment before? Yes/No (circle one)

If so, where and when _____

Do you have medical insurance? Yes/No (circle one)

If yes: Name of insurance company _____

Group number_____ Member Number_____

Do you have an income at this point? Yes/No (circle one)

If yes, approximately how much to you earn? _____

Name of employer, if applicable: _____

Are you disabled? Yes/No (circle one) If yes, Medical___ Psychiatric___

Do you have children? Yes/No (circle one) _____Gender and ages_____

If you have children, is DCYF involved? Yes/No/Not Applicable (circle one)

Legal Information

Do you have any current legal charges? Yes/No (circle one) If yes, any court dates:_____

Do you have any warrants in any state? Yes/No (circle one)

Have you been mandated to treatment? Yes/No (circle one)

If yes, who referred you? _____

Have you been arrested within the last 30 days? Yes/No (circle one)

Have you ever been charged with a sexual or violent crime? Y/N (circle one)

Have you ever been charged with arson? Y/N (circle one)

Do any of the following apply to you?

- **Probation/Parole? Yes/No (circle one)**
- **Bail? Yes/No (circle one)**
- **Restraining order? Yes/No (circle one)**
- **No contact order? Yes/No (circle one)**
- **Stalking order? Yes/No (circle one)**

Health Information

Do you have a PCP? Y/N (circle one)

If yes, facility and provider name: _____

Do you have any major medical or mental health concerns? Yes/No (circle one)

If yes, what is your diagnosis? _____

Have you ever been diagnosed with schizophrenia or borderline personality disorder? Yes/No (circle)

Do you have hallucinations? Y/N (circle one)

Seizure disorder: Y/N (circle one)

Do you have any communicable diseases? Check any of the following that apply to you:

MRSA_____ CDIF____ Hepatitis A___ Hepatitis B___ Hepatitis C___ STDs___
HIV/AIDS____ Tested Yes/No (circle one)

TB Test Yes/No (circle one) Positive Result Yes/No (circle one)

If positive TB Test, did you have a chest x-ray? Yes/No (circle one)

Are you pregnant? Yes/No (circle one)
List any allergies or dietary restrictions here:_____

How many times have you been to the emergency room in the last 6 months? _____

What do you hope to get out of treatment? _____

Do you have proof of New Hampshire Residency? (NH Driver's License or NH photo ID)
Yes/No (circle one)

Please list any current medications below (prescriptions, over-the-counter) :