



**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

**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 #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**Are you homeless?**    Yes    No    **Are you a Veteran?**    Yes    No

**Do you have a guardian or representative payee?**    Yes    No

**If yes, name and contact information:** \_\_\_\_\_

**Preferred Drug(s):** \_\_\_\_\_

**Age of 1st use:** \_\_\_\_\_ **Last use date and time:** \_\_\_\_\_ **IV use?**    Yes    No

**Have you been in treatment before?**    Yes    No **If so, where and when:** \_\_\_\_\_

**Alcohol Use:**    Beer    Wine    **Liquor (type):** \_\_\_\_\_

**How often do you drink?**    Daily    Every few days    Every weekend    **Other:** \_\_\_\_\_

**How much do you drink?** \_\_\_\_\_ **Last drink date/time:** \_\_\_\_\_

**History of seizures with withdrawal from alcohol?**    Yes    No

**Do you have medical insurance?**    Yes    No

**If yes: Name of insurance company** \_\_\_\_\_

**Group number** \_\_\_\_\_ **Member Number** \_\_\_\_\_

**Do you have an income at this point?**    Yes    No

**If yes, approximately how much to you earn?** \_\_\_\_\_

**Name of employer, if applicable:** \_\_\_\_\_

Are you disabled? Yes No If yes, Medical\_\_\_ Psychiatric\_\_\_

Do you have children? Yes No Gender and ages:\_\_\_\_\_

If you have children, is DCYF involved? Yes No N/A

**Legal Information**

Do you have any current legal charges? Yes No If yes, list court dates:\_\_\_\_\_

Do you have any warrants in any state? Yes No

Have you been mandated to treatment? Yes No

If yes, who referred you? \_\_\_\_\_

Have you been arrested within the last 30 days? Yes No

Have you ever been charged with a sexual or violent crime? Yes No

Have you ever been charged with arson? Yes No

Do any of the following apply to you?

- Probation/Parole? Yes No
- Bail? Yes No
- Restraining order? Yes No
- No contact order? Yes No
- Stalking order? Yes No

**Health Information**

Do you have a PCP? Yes No Do you have a Behavioral Health Provider? Yes No

If yes, provider name and address:

Do you have any major medical or mental health concerns? Yes No

If yes, what is your diagnosis? \_\_\_\_\_

Have you ever been diagnosed with schizophrenia, schizoaffective, or borderline personality disorder? Yes No

Do you have hallucinations? Yes No Seizure disorder: Yes No

Do you have any communicable diseases? Yes No

Please check all that apply:

MRSA Cdiff Hepatitis A Hepatitis B Hepatitis C STDs

HIV/AIDS

TB Test in last year? Yes No Positive Result? Yes No

If positive TB Test, did you have a chest x-ray? Yes No

Are you pregnant?    Yes    No

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

Please list any current medications below (prescriptions, over-the-counter) : (Must provide a complete medication list signed by a licensed prescriber before an admission can be approved)

**For Office Use Only-Please do not write below**

Documents Needed	Needed?	Date Requested/Notes	Status
Proof of NH Residency	Y		
Signed Medication List including RX and OTC/Dietary Restrictions or Needs	Y		
Medical hx/medical notes			
Psychiatric hx/MH Notes			
Legal documents needed might include: <ul style="list-style-type: none"><li>• Letter from PO-non-violent/sexual offender</li><li>• Restraining Order</li><li>• No Contact Order</li><li>• No Trespassing Order</li><li>• No Stalking Order</li></ul>			
Other documents needed?			
Specific Releases needed?			

