



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">• Letter from PO-non-violent/sexual offender• Restraining Order• No Contact Order• No Trespassing Order• No Stalking Order			
Other documents needed?			
Specific Releases needed?			

