

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.

that it was received.							
Date:							
Were you referred by someone (Provider, Emergency Room, Parole Office	er, 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 If yes, name and contact information:	No						
Preferred Drug(s): Age of 1st use: Last use date and time:	IV uses	Yes No					
Have you been in treatment before? Yes No If so, where and v	vhen:						
Alcohol Use: Beer Wine Liquor (type):							
How often do you drink? Daily Every few days Every	weekend Ot	her:					
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 numberMember 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
<u>Legal Information</u>
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:	1 es	140
List any allergies or	dietary 1	restrictions here:
How many times hav	ve you be	een to the emergency room in the last 6 months?
What do you hope to	get out	of treatment?
Do you have proof o	f New Ha	ampshire Residency? (NH Driver's License or NH photo ID)
Yes	N	0
Please list any curre	nt medic	rations below (prescriptions, over-the-counter): (Must provide a complete
medication list signe	d hv a lid	ensed 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:			
• Letter from PO-non- violent/sexual offender			
Restraining Order			
No Contact Order			
No Trespassing OrderNo Stalking Order			
Other documents needed?			
Specific Releases needed?			

Urgent or critical needs: Need further review by clinical for admission decision? Yes No **Not Approved Approved Reviewer Signature:** Date: Date all pre-admission paperwork complete and decision made re: admission: If approved, date/ time of first contact to schedule intake date: If not approved, resources/referral to: If no bed available, date placed on waitlist: Date and time intake scheduled/completed: DOCUMENT ALL CONTACTS IN CONTACT LOG WITH FURTHER DETAILS Record all client contacts between screening and removal from waitlist. For any client that is placed on waitlist, record referrals to and coordination with regional access point and interim services or reason that such a referral was not made **Contact Log** Date/time Call made Who was Notes- (LM/ no answer/notes on call) called? by?