



866-425-4673

ADMISSION APPLICATION

Include Treatment History and Current Medications for Admission Authorization

Your Name *

Email *

Client Name *

Client DOB *

Phone Number *

Address *

City *

State * -

Referred By

Yelp

Facebook

Google

Bing

Yahoo

Treatment Center

In Treatment? * Yes No

Hospitalizations of any kind in past 2 years? * Yes No

Reason for Seeking Treatment? *

Past Treatments?

Suicide Attempts or Self-Harm Episodes? *

Legal Issues(probation or pre-trial release)?

Current Medications? *

Medical Conditions? *



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