

ADMISSION FORM

Resident Personal details:

Full Names and Surname: _____

ID Number: _____

Date of Admission: ____/____/____ Time of Admission: _____

Telephone: _____ Cell: _____

Age: _____ DOB: ____/____/____

Marital Status: _____ Race: _____

Physical Address: _____

P.O Box Address: _____

Next of Kin:

1.) Name: _____ Relation: _____

Address: _____

Telephone: (____) _____ Cell: _____

E-mail Address: _____

2.) Name: _____ Relation: _____

Address: _____

Telephone: (____) _____ Cell: _____

E-mail Address: _____

Rehabilitation History:

Have you been to other rehabilitation facilities previously? Yes No

Please list the other rehabilitation facilities you've been to:

_____ Date ____/____/____

_____ Date ____/____/____

_____ Date ____/____/____

Why do you want to come to Soles Recovery Centre?

Dependencies:

What is your substance/s of choice? _____

How many years addicted? _____

Date of last usage: ____/____/____

Dependencies (incl. Cigarettes/Alcohol etc.)

Medical information:

(Psychiatric or Mood/Mind altering medications are not allowed and require a medical doctor's script and Motivation, in writing, prior to being admitted)

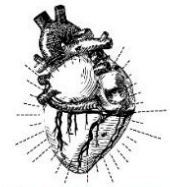
Implants / Prosthetics: Yes No _____

Injuries on admittance: Yes No If any please specify: _____

Are you a registered sex offender? Yes No

Any allergies: Yes No Specify: _____

Are you taking any medication at this time? Yes No (Please list medication and reason)



Are you physically able to take care of yourself? Yes No

Any Disorders (Incl. Suicidal Tendencies): _____

Are you mentally able to comprehend a Program of Recovery? Yes No

Are You on Medical Aid? Yes No

*Please attach copy of medical aid card

Medical Aid Name: _____

Medical Aid Plan: _____

Dependant Number: _____

Medical Aid Number: _____

Main member name: _____

Main member ID: _____

Criminal History:

Do you have any criminal cases/court dates pending or outstanding? Yes No

If Yes, Where? /When? _____

Are you on Parole / Bail or have a Criminal Record? Yes No please Specify:

Do you have a valid Driver License? Yes No

Highest level of education: _____

I _____ parent/sponsor of _____ herewith agree to fully understanding the information supplied on this form, and agree to the terms and conditions of the Centre set out below as well as the agreement attached.

- Solas Recovery Centre is a Christian Rehabilitation Centre for Alcoholics and Drug Addicts, we are not a medical or psychiatric facility, nor are we a homeless shelter.
- Soles Recovery Centre WILL NOT BE HELD ACCOUNTABLE OR RESPONSIBLE for any valuables and belongings left behind if you abscond or lost during your stay here.

I, _____ herewith declare that I have supplied the above mentioned Information completely and truthfully. I also understand that if found that any details have been omitted or Supplied falsely, I may be asked to leave the recovery centre.

Resident Signature: _____

Date ____/____/____

ID Number: _____

Parents / Sponsor Signature _____

Date ____/____/____

ID Number: _____