

# Perinatal Treatment Services – Application for Admission

Fax to Admissions Dept: 206-223-1279

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid In. \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ Ethnicity \_\_\_\_\_

Telephone 1 (\_\_\_\_\_) \_\_\_\_\_ Telephone 2 (\_\_\_\_\_) \_\_\_\_\_

Where are you staying now? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you pregnant? Y / N Estimated due date \_\_\_\_\_

Children in your custody now: (Full name, DOB) \_\_\_\_\_

Children that are not in your custody yet: (Full name, DOB) \_\_\_\_\_

CPS/ICW Caseworker \_\_\_\_\_ Telephone \_\_\_\_\_

What is the primary drug you use? \_\_\_\_\_

Are you using now? Y / N Do you think you may need detox? Y / N (No use within **48 hours** of admission)

Have you ever been to treatment before? Y / N Where/When? \_\_\_\_\_

Are you on methadone? Y / N Which clinic? \_\_\_\_\_ Dose: \_\_\_\_\_

We can help you with your legal issues. What are they \_\_\_\_\_

Probation? Y / N Contact info: \_\_\_\_\_

Drug Court? Y / N County: \_\_\_\_\_ Contact info: \_\_\_\_\_

Any consequences for not complying with treatment? \_\_\_\_\_

Any court orders? (Restraining, No Contact, etc) \_\_\_\_\_

We can help you with your medical issues. What are they \_\_\_\_\_

Where do you get medical care \_\_\_\_\_ Telephone \_\_\_\_\_

We can help you with mental health issues. Where were you evaluated and when: \_\_\_\_\_

What is your diagnosis \_\_\_\_\_

Are you experiencing delusions or hallucinations? Y / N

Do you have a history of violent or assaultive behavior? Y / N

Do you have an active eating disorder? Y / N

Are you suicidal? Y / N

What mental health medications do you have? \_\_\_\_\_

You have been stable on these meds for how long? \_\_\_\_\_

What type of medical coupon do you have? CNP / GAU(X) / SSI / other NONE Applying

Have you had a drug and alcohol assessment in the last 3 months? \*\* Y / N

Where \_\_\_\_\_ Telephone \_\_\_\_\_

\*\*If not done, you must go to your local Outpatient Provider and request one.

The evaluation must be sent here before we can offer you a placement.

\*\*\*For Priority Placement you must check-in by phone/voicemail at least once a week (call 206-223-1300 x 234)