

Loaves and Fishes Residential Application

1730 Live Oak Street

Beaufort, NC 28516

252-838-9035 or Fax 252-838-1156

www.loavesandfishesnc.org

Application Date: _____

Admission Date: _____

Name:			
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Emergency Contact:		Phone:	
Emergency Contact:		Phone:	
DOB:	SS#:	License/ID #:	State:
Age:	Sex:	M/F	Ethnicity:
Insurance: Y/N	Insurance Company:		Policy #:
Group #:	Effective Dates:		Copay:
Name of Individual Responsible for Payment?			
Address:			
City:		State:	Zip:
Phone:		Cell Phone:	
Relationship to Patient?			
Legal History: (Please list all charges past and present)			
In your own words, tell us why you are applying to Loaves and Fishes Counseling:			
What do you feel is your greatest challenge today?			

Describe your support network (i.e. family, friends, partner, etc.)

How has substance abuse affected the following areas?

Social:

Family:

Work:

Education:

Spiritual:

By signing this application, you are stating that you understand and agree that this is not a guarantee for admission. All applicants must complete an interview, clinical assessment, and be medically cleared prior to admission. After the application packet is reviewed, the applicant will be notified of our decision.

Applicant Signature: _____

Clinical Director Signature: _____

Brief Medical Questionnaire

Please provide information for the questions listed below:

- Have you ever been tested for HIV, Hep-C, or TB? Yes/No
 - If you have had a positive result, please list dates, testing site, and other pertinent information about your diagnosis.

- Are you pregnant? If yes, how far along? _____

- Please list all physical and mental health diagnoses below:

Eligible for Broad Street Clinic? _____ Yes _____ No **(If you have been diagnosed with one of the following, you are eligible for Broad Street Clinic: diabetes, high blood pressure, heart and/or lung disease, thyroid disease.)**

- List current medications:

Physician Name: _____

Address: _____

Phone: _____ Date of Last Physical: _____

Substance Use History: (Please list all substances used/abused including the most recent substance(s):

What was your last date of use? _____ What did you use?

Have you completed a detox program? Yes/No (If "Yes" please list facility name and date)

Are you currently experiencing any withdrawal symptoms? Yes/No (If yes, please list all symptoms)

Do you have a family history of substance use/abuse? If "Yes" please list all that apply:

Have you ever had suicidal or homicidal thoughts/actions? Yes/No (Circle one) Please explain:

Were you incarcerated or Involuntarily Committed for any of these instances? Yes/No (Circle one) If "Yes", please explain:

The information provided is accurate to the best of my knowledge. I agree that I will not hold Loaves and Fishes Counseling, its affiliates, and/or therapists and volunteers liable if I have falsely reported information or withheld information about my medical history or current condition(s). I also agree that I am healthy enough to engage in all activities with Loaves and Fishes Counseling.

Patient Signature: _____ Date: _____