



Admission Information Document

Name: _____ Date of Birth: ____/____/____

Program admitted to: _____ Date of Admission: ____/____/____

Age: _____ Marital Status: M D S Race: _____ Gender: M F

City: _____ State: ____ Zip: _____

Drug(s) / Alcohol of choice: _____

Why have you chosen to seek assessment or treatment at this time? _____

Do you have any physical disabilities, limitations or ailments? Please describe. _____

Your Phone Numbers:

Home (____) ____-____ Cell Phone (____) ____-____

Emergency Contacts:

Name Relationship

(____) ____-____ | (____) ____-____ | (____) ____-____
Home Cell Pager

Name Relationship

(____) ____-____ | (____) ____-____ | (____) ____-____
Home Cell Pager

Have you signed an authorization to release information to your emergency contacts? Yes No

Is there **anyone else** who **must** be notified of your admission to West Brook for assessment and/or treatment for a substance use disorder? If so, please describe your relationship with the individual and how they might be reached. _____

