New Beginnings
ADOLESCENT RECOVERY CENTER
Opelousas, Louisiana

New Beginnings Adolescent Recovery Center
1649 Linwood Loop, Opelousas, LA 70570
Ph: 337-942-1171 Fax: 337-948-9101

Admission Form

Client Full Name: ______________________ Date of Birth: ______________

Address: ______________________ City ______________ State ______ Zip ______

Social Security Number: ______________ *(please provide copy of card if available)*

Insurance Information: (Please have copy of card available)

Company: ______________________ Policy Number: ______________

Phone number for MH/ Substance Abuse Benefits: ______________

Policy Holder: ______________________ Policy Holder Date of Birth: ______________

Address associated with Policy: ______________________

City ______________ State ______ Zip ______

Policy Holder Employer: ______________________

Policy Holder Social Security Number: ______________________

Client's parent / legal guardian / adoptive parents:

Mother: ______________________ Date of Birth: ______________

Home Address: ______________________ City ______________ State ______ Zip ______

Phone number: ______________________ Email Address: ______________

Social Security Number: ______________________ Employer: ______________

Father: ______________________ Date of Birth: ______________

Home Address: ______________________ City ______________ State ______ Zip ______

Phone number: ______________________ Email Address: ______________

Social Security Number: ______________________ Employer: ______________

Client's current or previous counselor / psychiatrist / psychologist:

Name: ______________________ Phone number: ______________

How long: ______________________ Last Visit: ______________

Name: ______________________ Phone number: ______________

How long: ______________________ Last Visit: ______________

Name: ______________________ Phone number: ______________

How long: ______________________ Last Visit: ______________

List of medication client currently prescribed:

Name: ______________________ Dosage: ______________ Frequency: ______________

Prescribing Dr: ______________________ Last Visit: ______________

Compliant with meds: ☐ yes ☐ no Last taken: ______________

Name: ______________________ Dosage: ______________ Frequency: ______________

Prescribing Dr: ______________________ Last Visit: ______________

Compliant with meds: ☐ yes ☐ no Last taken: ______________

Client's current school: ______________________ Grade: ______ Status: ______________

Guidance Counselor Name: ______________________ Number: ______________

Legal consequences:

Arrests / Charges: ______________________________

____

____

____

Probation Officer Name: ____________________ Phone Number: ____________________

Upcoming Court Date/s and Location: ______________________________

____

____

Attorney Name: ____________________ Phone Number: ____________________

Previous treatment:

Name of Facility: ______________________________

Type of Treatment: ☐ Acute Care Psych ☐ Inpatient ☐ Intensive Outpatient

Dates of Admission: ____________________ Date of Discharge: ____________________

Recommendations for aftercare from that facility: ______________________________

____

____

Were recommendations followed by family and client: ______________________________

____

____

Name of Facility: ______________________________

Type of Treatment: ☐ Acute Care Psych ☐ Inpatient ☐ Intensive Outpatient

Dates of Admission: ____________________ Date of Discharge: ____________________

Recommendations for aftercare from that facility: ______________________________

____

____

Were recommendations followed by family and client: ______________________________

____

____

Precipitating event(s) that lead to seeking treatment:

(Please be specific and list all supporting behaviors and consequences that you think qualifies your child for residential treatment).

____

____

____

____

____

____

How did you hear about New Beginnings?

____

____

How much involvement do you want your referral source to have?

____

____

Please check all documentation that will be provided for admission:

- ☐ Insurance Card
- ☐ Separate Prescription Coverage
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Court Order stating custody / guardianship
- ☐ Records from Previous facility