

Welcome to Lake-Geauga Recovery Centers. Please complete the information below.

LAST NAME, FIRST NAME, MIDDLE INITIAL: _____ SEX: M / F

DATE OF BIRTH: ___ / ___ / ___ SS#: _____ - _____ - _____ ADMIT DATE: ___ / ___ / ___

RESIDENCE: (STREET ADDRESS): _____

(CITY, STATE, ZIP): _____ COUNTY: _____

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

EMAIL: _____ REFERRAL SOURCE: _____

ANNUAL INCOME: _____ NUMBER OF DEPENDENTS _____ (INCLUDE SELF)

EMPLOYER: _____ EMPLOYER PHONE: _____

EMPLOYER ADDRESS: _____

DO YOU HAVE MEDICAL INSURANCE: Y / N INSURER: _____

EFFECTIVE DATE: _____ ID #: _____ GROUP #: _____

DO YOU NEED TO COMPLY WITH REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION: Y / N
BUREAU OF MOTOR VEHICLES: Y / N

DO YOU NEED INFORMATION ON ADVANCED DIRECTIVES: Y / N
DO YOU HAVE A LEGAL GUARDIAN: Y / N

RACE: White / Asian / Black / Native American / Other / Unknown

ETHNICITY: Puerto Rican / Mexican / Cuban / Not Hispanic or Latino / Other

LANGUAGE: (If other than English): _____ MARITAL STATUS: Divorced / Married / Other / Single / Widowed

CURRENT LIVING: Own Home / Friends Home / Relative's Home / Supervised Group Living / Boarding House / Crisis Residential
/ Hospital / Correctional Facility / Homeless / Other: _____

TOBACCO USE: USER / NON-USER SMOKING STATUS: CURRENT / FORMER / NEVER

EDUCATION LEVEL (0 thru 19): _____ VETERAN: Y / N

RELIGION: Catholic / Episcopalian / Hindu / Jewish / Lutheran / Methodist / None / Other / Other Protestant / Christian

EMERGENCY CONTACT (First Name, Middle Initial, Last Name): _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: (____) _____ - _____ RELATIONSHIP: _____

Client has been found ineligible for services and has been referred to: _____

Counselor Signature: _____

Date: _____