



REHAB IS FOR THE BRAVE

Resident Personal details:

Full Names and Surname: _____

ID Number: _____

(Psychiatric or Mood/Mind altering medications are not allowed and require a medical doctor's script and motivation, in writing, prior to being admitted)

Date of Admission: ____/____/____ Time of Admission: _____

Telephone: _____ Cell: _____

Age: _____ DOB: ____/____/____

Marital Status: _____ Race: _____

Male Female

Address:

Next of Kin:

1.) Name: _____ Relation: _____

Address: _____

Telephone: (____) _____ Cell: _____

E-mail Address: _____

2.) Name: _____ Relation: _____

Address: _____

Telephone: (____) _____ Cell: _____

E-mail Address: _____

Dependencies:

What is your substance/s of choice? _____

How many years addicted? _____

Date of last usage: ____/____/____

Dependencies (incl. Cigarettes/Alcohol etc.): _____





REHAB IS FOR THE BRAVE

Rehabilitation History:

Have you been at Redemption Hill previously? Yes No

If Yes, when? _____/_____/_____

Did you finish your previous program? Yes No

If Yes, when? _____/_____/_____

Have you been to other rehabilitation facilities previously? Yes No

Please list the other rehabilitation facilities you've been to:

_____ Date _____/_____/_____

_____ Date _____/_____/_____

_____ Date _____/_____/_____

Why do you want to come to Redemption Hill?

Medical information:

Implants / Prosthetics: Yes No _____

Injuries on admittance: Yes No

If any please specify _____

Are you a registered sex offender? Yes No

Any allergies: Yes No _____

Are you taking any medication at this time? Yes No

(Please list medication and reason)

Are you physically able to take care of yourself? Yes No

Disorders (Incl. Suicidal Tendencies): _____

Are you mentally able to comprehend a Program of Recovery? Yes No





REHAB IS FOR THE BRAVE

Have you been tested for the HIV Virus, AIDS or Hepatitis? Yes No

If Yes, Date: ____/____/____ (Results) Neg Pos

Are You on Medical Aid? Yes No

Medical Aid Name: _____

Medical Aid Plan: _____

Dependant Number: _____

Medical Aid Number: _____

Main member name: _____

Main member ID: _____

Criminal History:

Do you have any criminal cases/court dates pending or outstanding? Yes No

If Yes, Where? /When? _____

Are you on Parole / Bail or have a Criminal Record? Yes No Please Specify:

Do you have a valid Driver License? Yes No

Highest level of education: _____

Redemption Hill is a Christian Rehabilitation Centre for Alcoholics and Drug Addicts, we are not a medical or psychiatric facility, nor are we a homeless shelter.

PLEASE NOTE THAT YOU ARE REQUIRED TO HANDLE ANY PERSONAL BUSINESS PRIOR TO ADMISSION.

ANY AND ALL COURT CASES ASSISTED IN AND TRANSPORTATION TO COURT WILL BE CHARGED FOR.

I/We also fully understand the information supplied on this form, and we understand all the terms and conditions laid out in the Acknowledgement of Debt. I/WE ALSO UNDERSTAND THAT SHOULD THE RESIDENT ABSCOND, BE EXPELLED AND/OR LEAVE THE PROGRAM EARLY, WITHOUT COMPLETION, FEES ARE STILL PAYABLE, WITH NO REFUNDS.





Redemption Hill WILL NOT BE HELD ACCOUNTABLE OR RESPONSIBLE for any valuables and belongings left behind if you abscond or during your stay here.

I/We, _____ declare that I/We have supplied the above mentioned information completely and truthfully. I understand that if found that any details have been omitted or supplied falsely, I may be asked to leave the recovery centre

Resident Signature: _____

Date ____/____/____

ID Number: _____

Parents / Sponsor Signature _____

Date ____/____/____

ID Number: _____

