



Resurrection Power Application for Guests

Today's Date:

Proposed Date of Arrival:

Name:

Gender: Age:

Date of Birth:

Last Address:

City: State: Zip:

Phone:

Addiction History:

Date of Sobriety

Drug of Choice

Brief History

Relapse Patterns

Self-Identified Recovery Issues

Current Treatment Status: [In-Patient, Intensive Outpatient, Outpatient, Other]

Name and contact information of treatment center:

What is your counselor's recommendation for after care?



Other Medical History:

Drug Allergies

Other Allergies

Current Health Issues

Current Prescription Medications (Name, amount, frequency)

Employment Status:

Work History

Present Occupation

Training/Education

Income Source

Legal History

Are you required by law to register your address?

Are you currently on probation or parole? If YES provide name and contact information and any conditions associated with your legal status.

Do you have any pending legal issues, court dates, or out standing warrants? If yes please provide details.

Have you ever been convicted of a felony or been incarcerated? If YES, for what charges?