



## REQUEST FOR ADMISSION (RFA)

**Admission Department ~ Phone: 775-461-0999 | Fax: 775-461-3006 | Cell: 775-934-8537**

**email: [intake@vitalityunlimited.org](mailto:intake@vitalityunlimited.org)**

**[www.vitalityunlimited.org](http://www.vitalityunlimited.org)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Caller Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Agency

### APPLICANT INFORMATION

Address: \_\_\_\_\_

PO Box or Street

City

State

Zip

Email address: \_\_\_\_\_

SS#: \_\_\_\_\_ - - \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female

Primary Race: \_\_\_\_\_ Secondary Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Veteran: Yes No Are you homeless? Yes No If yes, how long? \_\_\_\_\_

Circle all that apply: Single Married Separated Divorced Widowed Live-In Partner

Employed F/T Employed P/T Self-Employed List Occupation: \_\_\_\_\_

Retired Disabled Student F/T Student P/T Homemaker

Inmate/Resident of Institution: List facility: \_\_\_\_\_

Source of Income: Employment Disability Unemployment Family/Friends Illegal gains

Highest Grade Completed:  less than 8<sup>th</sup> grade  8-11<sup>th</sup> grade  12<sup>th</sup>/Diploma  GED  Vocational

Some college  Associates  Bachelors  Masters  Doctorate Area of Study: \_\_\_\_\_

Number of children younger than 18 in home: \_\_\_\_\_ Are you the primary care giver?  Yes  No

Name of Spouse/Partner: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Type of health insurance:** \_\_\_\_\_

**Subscriber Number:** \_\_\_\_\_

**MEDICAL PAST AND PRESENT**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Last medical exam/Dr.'s appointment: \_\_\_\_\_

Currently Pregnant: Yes No Unknown If yes Due Date: \_\_\_\_\_

Are you currently receiving prenatal care? Yes No Last period? \_\_\_\_\_

How many times in the past 90 days have you been to the hospital for: \_\_\_\_\_

Substance Misuse: \_\_\_\_\_ Mental Health: \_\_\_\_\_ Overdose: \_\_\_\_\_ Other: \_\_\_\_\_

Do you have or have you had any of the following? (Please circle all that apply.)

Allergies	Yes	No	Heart Condition	Yes	No	Neurological Disorder	Yes	No
Cancer	Yes	No	Hepatitis A B or C	Yes	No	Open Sores/Wounds	Yes	No
COPD	Yes	No	High Blood Pressure	Yes	No	STD	Yes	No
Diabetes	Yes	No	Immune Disorder	Yes	No	Surgery	Yes	No
Epilepsy/Seizures	Yes	No	Liver Disease	Yes	No	Thyroid Disorder	Yes	No
Head Injury	Yes	No	Loss of Consciousness	Yes	No	Tuberculosis	Yes	No

**MEDICATION**

**Please include ALL prescriptions, over the counter, and homeopathic remedies**

Medication	Reason	Dosage	Dates

Are you capable of administering your own medication? Yes No

**SPECIAL NEEDS**

Do you have any disabilities? Yes No Explain: \_\_\_\_\_

Do you have ambulatory issues? Yes No Explain: \_\_\_\_\_

Do you require any of the following? (Circle all that apply) Wheelchair Walker Cain

Do you have any special learning needs? Yes No Explain: \_\_\_\_\_

Do you have hearing difficulty? Yes No Do you have a hearing aid? Yes No

Do you have speaking/communication difficulty? Yes No Explain: \_\_\_\_\_

Do you have reading difficulty or inability? Yes No Explain: \_\_\_\_\_

Do you have special spiritual or cultural needs? Yes No Explain: \_\_\_\_\_

**LEGAL**

Are you involved with the judicial/legal system now? Yes No Are you on Parole? Yes No

Are you on probation? Yes No Is treatment court ordered? Yes No

Please explain your current judicial/legal involvement: \_\_\_\_\_

Have you ever been charged with, arrested, or convicted of a violent crime? Yes No

Explain: \_\_\_\_\_

Have you ever been charged with, arrested, or convicted of a sex crime? Yes No

Explain: \_\_\_\_\_

**EMOTIONAL**

Do you think that you need treatment? Yes No

While clean and sober have you ever experienced seeing or hearing things that others said were not there?

Yes No If yes, explain: \_\_\_\_\_

Have you ever harmed yourself intentionally? Yes No If yes, explain: \_\_\_\_\_

Have you made suicide attempts? Yes No If yes, explain: \_\_\_\_\_

If yes, were you under the influence of drugs/alcohol at the time? Yes No

Have you ever thought of ending your life? Yes No If yes, explain: \_\_\_\_\_

Have you ever had mental health treatment? Yes No If yes, explain: \_\_\_\_\_

Are you have any current mental health problems? Yes No If yes, explain: \_\_\_\_\_

Do you have a current mental health diagnosis? Yes No What is the diagnosis? \_\_\_\_\_

Are you depressed at this time? Yes No If yes, explain: \_\_\_\_\_

Do you suffer from anxiety or panic attacks?      Yes      No      If yes, explain: \_\_\_\_\_

**SUBSTANCE USE PAST AND PRESENT**

Have you ever taken Methadone or Suboxone?      Yes      No      Legally or Illegally? \_\_\_\_\_

In what form? \_\_\_\_\_ When was your last Methadone use? \_\_\_\_\_

When was your last Suboxone use? \_\_\_\_\_

**OTHER SUBSTANCE USE – PLEASE LIST ALL**

*In the "Method of use Column," PLEASE use the following numbers that apply to how you ingested the drugs. Example; alcohol as a drink is 1. Oral (by mouth) because you drink it. **ORAL=1, SMOKING=2, INHALATION=3, INJECTION/IV=4, OTHER=5***

SUBSTANCE	DATE OF LAST USE	AGE AT FIRST USE	# OF YEARS USED	AMOUNT	FREQUENCY	METHOD OF USE (1,2,3,4,5)
Alcohol						
Methamphetamines						
Cocaine						
Heroin/Opiates						
Marijuana						
Club Drugs						
Sedatives/Tranquilizers						
Prescription Medication						
Inhalants						
Tobacco						
Synthetic Drugs						

How old were you when you started using? \_\_\_\_\_

What was the first substance/drug you used? \_\_\_\_\_

What does drugs/drinking do for you? \_\_\_\_\_

Have you ever injected drugs?      Yes      No

Did you increase the amount of the substance, so you could get the same effect?      Yes      No

Did you ever use more than one mood altering substance a day?      Yes      No

Have you ever stolen medication?      Yes      No      Where from? \_\_\_\_\_

Do you have hangovers, headaches, are thirsty, agitated, or have upset stomach?      Yes      No

Do you have any physical effects when you do not use for a while?      Yes      No



Do you have any emotional effects when you do not use for a while? Yes No

Did your use of alcohol or drugs cause physical, medical or health problems? Yes No

Have you ever accidentally overdosed? Yes No What happened? \_\_\_\_\_

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Did you use larger amounts of drugs or alcohol than you had planned or intended? Yes No

Did you use drugs or alcohol for a longer period than you planned or intended? Yes No

Have you ever done anything under the influence of alcohol and/or drugs that you would not do otherwise?

Yes No Explain: \_\_\_\_\_

Have you ever had DTs, hallucinations, or severe withdrawal? Yes No

What is the longest period you have ever gone without using/drinking? \_\_\_\_\_

Were you in a controlled environment during this period of sobriety? Yes No

Were you ever arrested for a crime committed as a direct result of using or drinking? Yes No

Do you think that you need treatment for substance abuse? Yes No Why or Why not?

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Do you gamble? Yes No Do you think you have a gambling problem? Yes No



**INSURANCE / FINANCIAL**

**Primary**

Name of Policy Holder: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

**Secondary**

Name of Policy Holder: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

I, the undersigned, give permission to release information to third party carrier(s) and all insurance benefits for treatment are to be paid directly to VITALITY UNLIMITED and request that this assignment remain on file with my insurance carrier. I certify that this assignment shall be as valid as the original.

I, the undersigned, recognize that the provider cannot accept responsibility for collecting insurance claims or negotiating any settlement on a disputed claim. I also agree that in the event of a default in the payment of any amount due, or if this account is placed with an agency or attorney for collection or legal action, to pay any additional charge(s) i.e., the cost of collection including agency and attorney fees, and court costs incurred by laws governing these transactions.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Witness Signature Date



## PLANNING FOR TREATMENT AT VITALITY

PLEASE LIMIT THE AMOUNT OF LUGGAGE YOU BRING TO TREATMENT

1. FREE your schedule of all obligations and appointments: Legal, Medical, Dental, CPS, Court, etc. You must take care of your pending issues PRIOR to entering treatment.
2. You will need two (2) forms of identification such as a driver's license, photo ID, Social Security Card or birth certificate.
3. If uninsured, you must have proof of household income for the past calendar year. Paycheck stubs, W2's, Tax Returns or a notarized letter from an acceptable agency.
4. **MEDICATION:** If you are taking prescribed medication it is your responsibility to provide them.
  - **BRING A FULL 30-DAY SUPPLY OF ALL APPROVED MEDICATIONS.**
  - Admission Coordinator must approve all medication during the application process.
  - If you have unauthorized medication in your possession upon admission, it will be destroyed.
  - HPN does not contract with Elko County pharmacies regardless of their other affiliation e.g., Raley's, Walmart, etc.
  - HPN Consumers must be prepared to pay for their medications.
  - All Consumers regardless of their payor source e.g., private or public health insurance will be charged for Blister Packs – a required method used to package your medication.
5. **CLOTHING:** Vitality Unlimited's dress code is strictly enforced, and anyone determined to be wearing clothing items determined by staff to be inappropriate will be confiscated by staff and returned at the time of discharge. Bring enough clothing and undergarments (socks, underwear, bras) for seven (7) days. Please do not overpack. We have laundry facilities.
  - Pants: NO holes or rips. Pants must fit properly! You will not be allowed to wear skintight or sagging pants.
  - Clothing that is considered provocative, gang related or otherwise overtly controversial are not allowed.
  - Certain clothing may not be suitable. Hooded shirts or sweatshirts are only allowed to be worn outside.
  - It is mandatory for Consumers to sleep in pajamas or sweatpants and t-shirts.
  - Slippers are need and a robe is suggested.
  - No open toed shoes.
  - Please be mindful of the time of year and bring seasonally appropriate items.
6. **HYGIENE PRODUCTS:** Read all product labels.
  - Products containing alcohol are not allowed.
  - Aerosols of any type (hairspray, foot spray, deodorants) are not allowed.
  - You should bring your personal toiletries: soap, toothbrush, toothpaste, deodorant, sunscreen, body lotion, shampoo, conditioner, hair dryer, curling iron, etc.
7. For journaling or writing letters bring non-wire bound notebooks/pads, stamps and envelopes.
8. All consumers will be charged \$50.00 per trip for medical transport.
9. Consumers must purchase any vaping products from Vitality. Outside products are not allowed.



**DO NOT BRING ITEMS OF VALUE. VITALITY UNLIMITED WILL NOT BE LIABLE FOR LOST OR STOLEN ITEMS. PLEASE LEAVE VALUABLES AT HOME.**

**PLEASE NOTE: Communication with family and friends will be restricted to written form for the first ten (10) days of treatment.**

**DO NOT BRING THE FOLLOWING ITEMS TO TREATMENT AT VITALITY**

- |                              |                            |                              |
|------------------------------|----------------------------|------------------------------|
| Alcohol                      | Camera                     | Weapons                      |
| Illegal Drugs                | Radio                      | Guns                         |
| Un-authorized prescriptions  | Food                       | Knives                       |
| Herbs                        | Beverages                  | Sharp Objects                |
| Vitamins                     | Candy                      | Tools                        |
| Tobacco replacement products | Gum                        | Scissors                     |
| Commit lozenges              | Cough Drops                | Tattoo Guns or Paraphernalia |
| Nicotine patches             | Electric toothbrushes      | Ball Point Pens              |
| Vapes                        | Electric razors            | Ink/Gel Pens                 |
| Cigarettes                   | Perfume                    | Markers                      |
| E-cigarettes                 | Colognes                   | 3 Ring Binders               |
| Vape Juice                   | Nail polish or remover     | Spiral Notebooks             |
| Magazines or books           | Mouthwash                  | Highlighters                 |
| Cell Phones                  | Latex/Nitril rubber gloves | Mechanical Pencils           |
| Electronic games             | Condoms                    |                              |
| iPods                        | Bed linen/Sheets           |                              |
| CD/DVD Players               | Blankets/throws            |                              |
| Laptops/notebooks/iPads      | Towels                     |                              |
| Television                   | Bicycles                   |                              |

**Be aware that if any of the above-mentioned items are brought to Vitality, they will be removed immediately and/or may be destroyed.**

Your signature indicates that you have been informed of the information on this form and agree to comply:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date