VITALITY UNLIMITED
VITALITY INTEGRATED PROGRAMS
COMPLETE BEHAVIORAL HEALTH

www.vitalityunlimited.org

RESIDENTIAL ADMISSION FORM

Admissions Department: Cell: 775-934-8537 | Fax: 775-461-0512

email: intake@vitalityunlimited.org

Date: _____ Caller Name (Not Applicant): _____

Phone Number: _____ Caller's Agency: _____

Your length of stay is determined by individual treatment plans that may last from 30 to 45 days.

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____ DOB: _____

Address _____ _____ _____ _____
PO Box or Street City State Zip

Email _____ Social Security No. _____

Race: _____ Sex: ☐ Male ☐ Female Gender Identity: ☐Male ☐Female ☐Other

Are you currently incarcerated? ☐No ☐Yes Incarceration date: _____ Anticipated release date: _____

All questions must be answered. Do not leave a question unanswered or blank. If the question doesn't apply to you, write NA in the space provided. All medical, mental health, and medication history must be disclosed. Failure to complete this form or provide the required information may result in your admission being denied.

TREATMENT HISTORY

Have you ever been a Vitality client? ☐No ☐Yes Date of prior admission to a Vitality facility: _____

Did you successfully complete? ☐No ☐Yes Reason for leaving? _____

Number of prior admissions to mental health or alcohol or drug treatment facilities including detox: _____

Types: ☐Residential (Substance Use) ☐Residential (Mental Health) ☐Intensive Outpatient (IOP) ☐Outpatient

Location and date of the most recent treatment: _____

MEDICAL HISTORY

What medications are you taking? _____

_____

Do you require any of the following? ☐ Oxygen ☐Wheelchair ☐Walker ☐None

Do you require any assistance with activities of daily living? ☐No ☐Yes If yes, explain: _____

Please check if you are currently experiencing or have ever experienced the following:

☐Pregnant If you are pregnant, how many months? _____ ☐Allergies - food ☐Allergies - medications

Do you have any open wounds or any medical issues? ☐No ☐Yes If yes, explain: _____

_____

SUBSTANCE USE PAST AND PRESENT

What was the first substance/drug you used? _____ How old were you when you started using? _____

Please mark whether the substance is a primary or secondary drug of choice, including alcohol.

Substance	Date of last use	No. of years used	Amount	Frequency	Method of use
Alcohol ☐Primary drug ☐Secondary			☐1-2 drinks ☐3-4 ☐5-6 ☐Other	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐Other
Methamphetamines ☐Primary drug ☐Secondary			☐0.5 grams ☐1 ☐2 ☐3.5 ☐Other	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐IV ☐Inhalation ☐Smoking
Cocaine ☐Primary drug ☐Secondary			☐0.5 grams ☐1 ☐2 ☐3.5 ☐Other	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐IV ☐Inhalation ☐Smoking
Heroin/Opiates ☐Primary drug ☐Secondary			☐0.5 grams ☐1 ☐2 ☐3.5 ☐Other	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐IV ☐Inhalation ☐Smoking
Marijuana ☐Primary drug ☐Secondary			☐0.5 grams ☐1 ☐2 ☐3.5 ☐Other	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐Inhalation ☐Smoking
Club Drugs (Ecstasy, Molly, Acid, GHB) ☐Primary drug ☐Secondary			☐1-3 doses ☐4-5 ☐6-10 ☐Other	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐Inhalation ☐Other
Sedatives/Tranquilizers ☐Primary drug ☐Secondary			☐1-3 doses ☐4-5 ☐6-10 ☐Other	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐IV ☐Inhalation ☐Smoking
Prescription Medications ☐Primary drug ☐Secondary			☐1-3 doses ☐4-5 ☐6-10 ☐Other	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐IV ☐Inhalation ☐Other
Inhalants (canned air, paint thinner, etc.) ☐Primary drug ☐Secondary			☐1-2 inhales ☐3-4 ☐5-6 ☐7 or more	☐Daily ☐Weekly ☐Monthly ☐Other	☐Inhalation ☐Other
Tobacco/Nicotine ☐Primary drug ☐Secondary			☐1-5 uses ☐5-9 ☐10-20 ☐21 or more	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐Inhalation ☐Smoking
Synthetic Drugs ☐Primary drug ☐Secondary			☐1-2 uses ☐3-4 ☐5-6 ☐7 or more	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐IV ☐Inhalation ☐Smoking
Medication Assisted Therapy (Methadone, Suboxone, Vivitrol) ☐Primary drug ☐Secondary			☐1-3 doses ☐4-5 ☐6-10 ☐Other	☐Daily ☐Weekly ☐Monthly ☐Other	☐Oral ☐IV ☐Inhalation ☐Other

LEGAL

Are you currently involved with the legal/judicial system? ☐No ☐Yes If yes, explain: _____

_____

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

If yes, explain and tell us your Tier Level: _____

Have you ever been arrested for, charged with, or convicted of a violent crime including domestic offenses? ☐No ☐Yes

If yes, what were the charges? _____

If yes, when? _____ Have you ever been arrested for arson? ☐No ☐Yes

Were you under the influence at the time you committed any crimes? ☐No ☐Yes

MENTAL HEALTH

We accept mild to moderate mental health conditions. Severe mental illness is considered on a case-by-case basis determined by program appropriateness and safety.

Do you have a current mental health diagnosis? ☐No ☐Yes What is the diagnosis? _____

_____

While clean and sober have you ever experienced seeing or hearing things that others said were not there? ☐No ☐Yes

If yes, explain: _____

_____

Have you ever thought of ending your life? ☐No ☐Yes If yes, how recently? _____

Have you planned how you would kill yourself? ☐No ☐Yes Do you have the means at hand/available? ☐No ☐Yes

Were you under the influence of drugs/alcohol when you were having thoughts about ending your life? ☐No ☐Yes

Have you made suicide attempts? ☐No ☐Yes If yes, how many? _____ When? _____

REFERRAL INFORMATION

How did you hear about Vitality Unlimited? ☐Facebook/Instagram ☐Vitality website ☐Google ☐Radio ☐Other

Who referred you to Vitality Unlimited? _____

Do we need to notify someone of your admission? ☐No ☐Yes If yes, please provide us with the contact information

Name: _____ Phone Number: _____

INSURANCE INFORMATION

Do you have active insurance? ☐No ☐Yes

Primary Insurance _____ Name of Policy Holder _____

Member number _____ SSN _____ DOB _____

Secondary Insurance _____ Name of Policy Holder _____

Member number _____ SSN _____ DOB _____

Please review this questionnaire. Make sure you have answered every question before submitting the form.

I have provided this information for the purpose of admission to the Vitality Unlimited Residential Program in Carson City or Elko. It is complete and accurate to the best of my recollection.

Applicant 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, or Social Security card.

3. If uninsured, you must have proof of household income for the past calendar year. Paycheck stubs, W2s, 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 AT LEAST A 30-DAY SUPPLY OF ALL APPROVED MEDICATIONS.**
   - Admissions Coordinator must approve all medication during the application process.
   - If you have unauthorized medication in your possession upon admission, it will be destroyed.
   - Health Plan of Nevada clients must be prepared to pay for their medications.
   - All clients 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.
   - **If you have a co-pay for medications, please bring at least $50 in cash or a credit or debit card with you to our facility so you can pay for any medications you may need.**

5. **CLOTHING:** Vitality Unlimited's dress code is strictly enforced. Staff will confiscate any clothing deemed inappropriate. The confiscated clothing will be 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 must fit properly and shouldn't have holes or rips. We do not allow skin-tight or sagging pants.
   - Clothing that is considered provocative, gang related, drug and alcohol related, or otherwise overtly controversial, is not allowed. Do not bring tank tops or spaghetti-strap shirts.
   - Certain clothing may not be suitable. Hooded shirts or sweatshirts are only allowed to be worn outside.
   - It is mandatory for clients to sleep in pajamas or sweatpants and T-shirts.
   - Slippers are needed and a robe is suggested. We don't allow clients to wear 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 clients will be charged $50.00 per trip for medical transport. Medicaid clients are excluded.

9. We are a tobacco-free and vape-free facility, but you may purchase lozenges from Vitality for $30 a box. Each box contains 80 lozenges. The facilities accept cash or debit/credit cards. Nicotine patches are available through prescription.

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

11. Vitality Unlimited will not be liable for lost or stolen items. Please leave valuables at home.

DO NOT BRING THE FOLLOWING ITEMS TO TREATMENT AT VITALITY

3-Ring binders	Condoms	iPods	Spiral notebooks
Alcohol	Cough drops	Knives	Tank tops
Ballpoint pens	E-cigarettes	Latex/Nitril rubber gloves	Tattoo guns
Bed linens or sheets	Electric razors	Markers	Television
Beverages	Electric toothbrushes	Mechanical pencils	Tobacco replacement products
Bicycles	Electronic games	Mouthwash	Tools
Camera	Food	Nail polish or remover	Towels
Candy	Gum	Nicotine patches (opened)	Un-authorized prescriptions
CD/DVD players	Guns	Paraphernalia	Vape juice
Cell phones	Herbs	Perfume	Vapes
Cigarettes	Highlighters	Radio	Vitamins
Colognes	Illegal drugs	Scissors	Weapons
Commit lozenges	Ink/Gel pens	Sharp objects	

If any of the above-mentioned items are brought to Vitality, they will be removed or may be destroyed.