

Little Creek Lodge Admission Screen



Referral / Treatment Center Coming from	Admission Date	D.O.B.	
Medications	Discharge Date	Age	Sex M F
Legal actions	Transported by		Marital Status M S D
Recommended Stay (90 days)	Counselor	SSN#	
School			Parents Together yes no
Work	Email contact		Adopted Yes No

Resident Name	Parents/Spouse Names
Address	Address (if different from resident)
City/State/Zip	City/State/Zip
Resident Cell Phone	Home Phone
Person Responsible for Payment	Mom's Cell/Work
Persons resident would like to have contact with:	Dad's Cell/Work
(Names and phone numbers)	
(Names and phone numbers)	Name (Alternate Parent)
(Names and phone numbers)	Address
(Names and phone numbers)	City/State/Zip
(Names and phone numbers)	