

EMERGENCY ADMISSION APPLICATION

INTERCEPT FRESH START

Referrals: 804-929-3409

Name

DOB

Soc Sec #

Racial / Ethnic Background

Gender

Last Known Address

Emergency Contact(s):

1. _____
Name / Relationship

Phone

Alternative Phone

Fax

E-mail

Address

2. _____
Name / Relationship

Phone

Alternative Phone

Fax

E-mail

Address

Health Status:

Known Allergies _____
(medication & Environmental)

Known / Obvious Illness _____
or Medical Needs

Handicapping Conditions _____

Current Medication:

Medication Name

Strength

Instructions

Medication Name

Strength

Instructions

Medication Name

Strength

Instructions

Medication Name

Strength

Instructions

Physician:

Name

Phone

Address

Psychiatrist:

Name

Phone

Address

Justification for Emergency Placement:

Written / Oral Request for Care:

Gaurdian (If Different from Emergency Contact):

Name

Phone

Alternative Phone

Relationship

Fax

E-mail

Date of Emergency Admission

