



WE ARE EXPERTS IN REHABILITATION.



WALKING WITH WINNERS RECOVERY CENTERS

INTAKE FORM - ADMISSIONS

Name and Surname: _____

ID Number: _____

(Psychiatric or Mood/Mind altering medications are not allowed and require a doctor's release, in writing, prior to being admitted)

Personal details:

Admission Date: ____/____/____ Telephone: (____) _____ Cell: _____

Age: _____ DOB: ____/____/____ Marital Status: _____ Race: _____ Male Female

Address: _____

Next of Kin Name: _____ Relation: _____ Address: _____

Telephone: (____) _____ Cell: _____

Next of Kin Name: _____ Relation: _____ Address: _____

Telephone: (____) _____ Cell: _____ E-mail Address: _____

Dependencies:

What is your drug of choice? _____ How many years addicted? _____ Date of last usage: ____/____/____

Dependencies (incl. Cigarettes/Alcohol etc.): _____

Rehabilitation History:

Have you been at Walking With Winners previously? Yes No If Yes, when? ____/____/____

Did you finish your previous program? Yes No If Yes, when? ____/____/____

Have you been to other rehabilitation facilities previously? Yes No

Please list the other rehabilitation facilities you've been to: _____ Date ____/____/____

_____ Date ____/____/____

_____ Date ____/____/____

Why do you want to come to Walking With Winners? _____

Medical information:

Implants / Prosthetics: Yes No _____ Injuries on admittance: Yes No _____

Are you a registered sex offender? Yes No Any allergies: Yes No _____

Are you taking any medication at this time? Yes No for _____

Are you physically able to take care of yourself? Yes No Disorders (Incl. Suicidal Tendencies): _____

Are you mentally able to comprehend a Program of Recovery? Yes No Sexual Orientation: _____

Have you been tested for the HIV Virus, AIDS or Hepatitis? Yes No If Yes, Date: ____/____/____ (Results) Neg Pos

Are you on Medical Aid? Yes No Medical Aid Name: _____ Medical Aid Plan: _____

Medical Aid Number: _____ Main member name: _____

Main member ID: _____

Criminal History:

Do you have any criminal cases/court dates pending or outstanding? Yes No If Yes, hat/When? _____

Are you on Parole / Bail or have a Criminal Record? Yes No If Yes, What for? _____

Do you have a valid Driver License? Yes No Highest level of education: _____

Walking With Winners is a Christian Rehabilitation Centre for Alcoholics and Drug Addicts, we are not a medical facility, nor are we a homeless shelter. PLEASE NOTE THAT YOU ARE REQUIRED TO HANDLE ANY PERSONAL BUSINESS PRIOR TO ADMISSION. I/We also fully understand the information supplied on this form, and we understand all the terms and conditions laid out in the Acknowledgement of Debt. I/WE ALSO UNDERSTAND THAT SHOULD THE RESIDENT ABSCOND, BE EXPELLED AND/OR LEAVE THE PROGRAM EARLY, WITHOUT COMPLETION, THE FEES ARE STILL DUE AND NO REFUNDS WILL BE MADE.

I/We, _____ declare that I/We have supplied the above mentioned information completely and truthfully. I understand that if found that any details have been omitted or supplied falsely, I may be asked to leave the recovery centre

_____/_____/_____

Signature (Applicant) Date

ID Number: _____

_____/_____/_____

Signature (Parents / Sponsor) Date

ID Number: _____



WALKING WITH WINNERS, RECOVERY CENTRES

ISOBEL BARBER DIRECTOR || 079 074 4117

P.O. BOX 557, WALKERVILLE, 1876 || REG: 2012/216789/08 (NPC)

CORNER FIRST & THIRD ROAD, BALMORAL ESTATES, DE DEUR, SOUTH AFRICA || NODRUGS.CO.ZA

YOU WILL KNOW THE TRUTH, AND THE TRUTH WILL SET YOU FREE - JOHN 8:32

IN ASSOCIATION WITH

