

SURFSIDE RECOVERY HOUSE
2368 Rosstown Road, Nanaimo, B.C. V9T 3R7
(250) 758-5611 - 24 hours daily
fax/phone (250) 758-2253

PRE-APPLICATION FORM

Client's full legal name: _____

Address: _____

Phone number: _____

Medical number: _____

Birthdate: ____ / ____ / ____
day month year

To be completed by the Referral Agent/or Individual

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- Client expresses a desire to change? YES NO
- Has the client been withdrawn from chemicals/alcohol for a minimum of three to five days? YES NO
- Has client read the Surfside Recovery House's rules and regulations, comprehends them, and is willing to abide by them? YES NO
- Can the client read, write, and speak English? YES NO
- Client has current medical coverage? YES NO
- Has client ensured all outside issues have been taken care of prior to entry (legal, optical, dental, medical, and identification issues) ? YES NO
- Client has acknowledged a chemical dependency as a problem? YES NO
- Client's expression of anger (while not using) is within social limits? YES NO
- Client is mentally stable, with no obvious psychiatric concerns? YES NO
- Is the client on medication (or currently come off of)? If so, please list: _____ NO
- Pre-payment of fees has been arranged? YES NO
 (Indicate method of payment) _____
- Client has been referred by _____
- Has the client attended any previous residential services? YES NO
- Client's transportation has been pre-arranged? YES NO

* Once application and pre-medical forms have been sent to our Administration Office, **it is the client's responsibility to contact the office** to set up an interview time.

Date

Signature

Phone number