

**INNER JOURNEY HEALING ARTS**

**ADMISSION FORM** Date: \_\_\_/\_\_\_/\_\_\_

Client Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_ Maiden: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female Email: \_\_\_\_\_  
 Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Driver License #: \_\_\_\_\_ State issued:  \_\_\_\_\_  OR  WA

Highest Grade Completed in School:  8  12  some college  2 year degree  BA  Other

Total Arrests in Past Two Years: \_\_\_\_\_ Total DUII Arrests in last 5 years: \_\_\_\_\_

Have you been referred to treatment to this agency before?  YES  NO When? \_\_\_\_\_

Reason you were referred to this agency:  SA Assessment  MH Assessment  DUII Diversion  
 DUII Conviction  Anger Management  Individual Counseling  Family Counseling  
 Couples Counseling  Truancy Court  TEEN Court  Other \_\_\_\_\_

Total Individual or Family Gross Monthly Income (before Taxes): \$ \_\_\_\_\_ APROX

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

RACE / ETHNICITY	HEALTH INSURANCE	MARITAL STATUS	LIVING ARRANGEMENT
1 - WHITE (Non Hispanic) 2 - BLACK (Non Hispanic) 3 - NATIVE AMERICAN 4 - ALASKIAN NATIVE 5 - ASIAN 6 - HISPANIC (Mexican) 7 - HISPANIC (Puerto Rican) 8 - HISPANIC (Cuban) 9 - OTHER HISPANIC 10 - SOUTHEAST ASIAN 11 - OTHER RACE 12 - NATIVE HAWAIIAN 13 - OTHER PACIFIC ISLANDER ☐☐	Enter a 1 next to primary source. "X" ALL THAT APPLY. <b>MARK ONLY ONE</b> <b>BOX</b> <input type="checkbox"/> OREGON HEALTH PLAN <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> V.A. <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER PUBLIC <input type="checkbox"/> NONE	1 - NEVER MARRIED 2 - DIVORCED 3 - MARRIED 4 - WIDOWED 5 - SEPARATED 6 - LIVING AS MARRIED ☐☐	Enter First Appropriate code 01 - LIVES IN OWN HOME 02 - SPOUSE OR SIGNIFICANT OTHERS HOME 03 - PARENTS, RELATIVES ADULT CHILDRENS HOME 04 - FOSTER HOME 05 - INSTITUTION / GROUP HOME 06 - FRIENDS OR OTHER HOME 07 - HOMELESS / SHELTER 08 - REFUSED / UNKNOWN ☐☐

DEPENDANTS	INCOME / HEALTH INSURANCE	EMPLOYMENT STATUS
ENTER THE TOTAL NUMBER OF PEOPLE IN EACH AGE GROUP THAT ARE DEPENDANT UPON THE INCOME INCLUDE YOURSELF 1-5 6-17 18-64 65+ ☐☐   ☐☐   ☐☐   ☐☐	Enter a "1" next to primary source <b>MARK "X" ALL THAT APPLY</b> <input type="checkbox"/> WAGES / SALARY <input type="checkbox"/> DIVIDENDS / INTEREST <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> PENSION / UNEMP. / VETS <input type="checkbox"/> MEDICARE <input type="checkbox"/> ALIMONY / CHILD SUPPORT <input type="checkbox"/> S.S.I. FEDERAL <input type="checkbox"/> OTHER <input type="checkbox"/> NONE <input type="checkbox"/> O.S.I.P. STATE <input type="checkbox"/> PUBLIC ASST. / WELFARE	1 - FULL TIME (35 HOURS OR MORE) 2 - PART TIME (17-35 HOURS) 3 - IRREGULAR (LESS THAN 17 HOURS) 4 - NOT EMPLOYED (BUT HAS SOUGHT EMPLOYMENT) 5 - NOT EMPLOYED (AND HAS NOT SOUGHT EMPLOYMENT) 6 - RETIRED ☐☐