



**APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL #: \_\_\_\_\_

\_\_\_\_\_

CELL #: \_\_\_\_\_

ARE YOU CURRENTLY IN TREATMENT? IF SO, WHERE: \_\_\_\_\_

SANCTUARY ADMISSIONS CONTACT # **561-843-7399**

DATE ENTERED: \_\_\_\_\_

DATE OF DISCHARGE: \_\_\_\_\_

WHAT IS YOUR DRUG OF CHOICE: \_\_\_\_\_

WHO IS YOUR COUNSELOR: \_\_\_\_\_

DO YOU HAVE A DUAL DIAGNOSIS? IF YES, EXPLAIN \_\_\_\_\_

WHAT MEDS ARE YOU CURRENTLY TAKING: \_\_\_\_\_

WHO REFERRED YOU TO THE SANCTUARY: \_\_\_\_\_

ADDITIONAL CONTACT INFO: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TEL# \_\_\_\_\_

ADDRESS: \_\_\_\_\_