

Application Form

OPTIONS Recovery Centre
Surrey, British Columbia

Phone: 778-395-0160
Fax: 778-395-0161
www.optionsrc.com

Date: _____

Name: _____

Address: _____

Province: _____

City: _____

Postal Code: _____

Date of birth: _____

Age: _____

Phone: _____

Have you ever been in DETOX:

- Yes
 No

When: *(most recent)*

Where:

Have you ever been in FORMAL TREATMENT:

- No
 Yes

When: *(most recent)*

Where:

Have you ever been in HOSPITAL DUE TO ADDICTION / ALCOHOLISM:

- Yes
 No

When: *(most recent)*

Where:

Have you ever been in CUSTODY DUE TO ADDICTION / ALCOHOLISM:

- Yes
 No

When: *(most recent)*

Where:

Are you on MEDICATIONS:

Yes

No

Dosage:

Which one(s):

**Do you have other
MEDICAL CONCERNS, ALLERGIES, etc.**

Yes

No

Is there anything we need to know that would impede or interfere with you beginning treatment?

How can we HELP? (Lawyer's name & phone number, etc.)

How will your treatment at OPTIONS be funded?

Please **print** this form and send it by fax: 604-395-0161
or scan it and send it by email: optionsrc@hotmail.com

All information is treated with strict confidentiality.