Date: _____

New Hope I.B.H.C
48 hour Pre-Screening Information

Schedule Date:
Date: _____
Time: _____
Paid: _____

*Last Name: _____*First Name: _____

Primary Phone #:_____ Text? Y ☐ N ☐ Email: _____

*D.O.B: _____ *SS#: _____ *Gender: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DUII: Dates: _____ DL# _____

Substance Use (including nicotine)

SUBSTANCE	***ADMINISTERED***	***FREQUENCY***	***AMOUNT***	***LAST USE***

Medical:

Current and/or chronic physical/medical illnesses that may impact your stay? No ☐ Yes ☐

If yes, please explain: _____

History of medical problems, such as seizures, stroke, hypertension, diabetes, ambulatory issues? No ☐ Yes ☐

If yes, please explain: _____

List of Meds: _____ _____

_____ _____

Mental Health Diagnosis: _____

Medications : _____ _____

_____ _____

Emergency Contact: _____

Relationship to you: _____ Phone #: _____

Payment for the class must be made 72 hours prior to scheduled date. Check in starts at 4:00pm/5:00pm at the side entrance with railing. If you are not here by check-in, you must reschedule and forfeit your $321.00 payment.

Please only bring 2 sets of clothing and toiletries. You will be provided clean linens.

Please bring all medications you are prescribed by a doctor. You may not bring any medications to the facility that are not prescribed, aside from over the counter medication and multivitamins.

A list of what you may and may not bring to the 48 hour class is located on our website: www.newhopeibhc.com.

You will not be permitted to leave the premises from the time you check in until check out.

Additional Notes (dietary restrictions, interpreter needs):

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