

Veterans Substance Use Recovery Admission Sheet

Personal Information

Full Name

Date of Birth

SSN

Contact Number

Address

Military Background

Branch

Dates of Service

Rank at Discharge

Type of Discharge

Emergency Contact

Name

Relationship

Phone Number

Address

Substance Use History

Substances Used

Duration of Use

Date of Last Use

Previous Treatment Programs

Medical History

Medical Conditions

Allergies

Current Medications

Primary Care Provider

Mental Health History

Mental Health Diagnoses

Counseling/Psychiatric History

Current Symptoms

Goals for Recovery

Admission Date

Staff Use Only

Staff Signature

