

The Lilly Pad

Application for Residency

PLEASE FILL OUT THE APPLICATION
FOR RESIDENCY FORM AND
PROMPTLY FAX TO **561-721-4455**

A nonrefundable deposit is required to
secure your reservation once your application
is approved.

Full Name: _____ Address: _____

Current Telephone Number: _____ Current Cell Phone Number: _____

Date of Birth: _____ Date of Last Use: _____

Longest Period of Abstinence *including*:

Dates: _____ Drug(s) of Choice: _____

Dual Diagnosis:

List current treatment, medications & attending psychiatrist: _____

Are you currently taking prescribed medications? If so, list them: _____

Are you allergic to any medications?: _____ If so, please list medications: _____

Other allergies?: _____

Have you recently gained or lost weight?: _____ Amount of loss: _____ Amount of gain: _____

Current weight: _____ Current height: _____ Do you have a prior history of eating disorders?: _____

Have you ever been hospitalized for an eating disorder?: _____ Current status of eating disorder: _____

Do you have a history of bingeing, purging, or diuretic or laxative use?: _____

Please list all treatment facilities you have attended including names & dates:

_____ | _____ | _____

Did you complete these programs successfully?: _____ If not, why?: _____

Do you mind if we contact these facilities to discuss your treatment there?: _____

Please list all psychiatric facilities you have attended including names and dates:

_____ | _____ | _____

Please list any current legal problems (be specific about charges, upcoming trials/hearings, dates):

_____ | _____ | _____

Please provide the names of counselors/therapists you are currently seeing with the telephone number:

_____ | _____ | _____

Level of Education Completed: _____

Marital Status: _____ Do you have a history of alcoholism or addiction in your family?: _____

If yes, please list family members: _____

Please list your vocational skills: _____

Do you have a valid driver's license? If so, please list: State: _____ License Number: _____

Do you have a valid passport? If so, please list: Country: _____ Number: _____

Do you have a car that is registered? If so, please list: State: _____ Registration Number: _____

Please list your hobbies and special interests: _____

What would you say are your best characteristics: _____

Please provide the name & telephone number of your nearest relative:

Name: _____ Relationship: _____ Telephone number: _____

Insurance Information

Insurance provider: _____ Group Number: _____

Policy Number: _____

Insurance Co. Phone Number: _____

Insurance Co. Address: _____