

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