The Journey
1933 North 1120 West · Provo, Utah 84604
(801) 375-4240; Fax (801) 375-4241

Demographic and Emergency Information

Client:	Age:	DOB:	Gender:	Case #:	SSN:	Date of Entry:

Guardian/CM:	Phone: Cell:	Fax: Email:	Location:
Mother:	Phone: Cell:	Address:	Emergency Contact/Phone:
Father:	Phone: Cell:	Address:	Health Insurance:
Physician:	Phone:	Address:	Policy Number:

Identifying Information:
Primary Language Spoken: Parents' Primary Language Spoken:

Race:	Hair Color:	Eye Color:	Height:	Weight:

Identifying Marks/tattoos:

Application

Primary Reason for Referral:
Court Ordered: ☐ yes ☐ no

Does the client have any physical disabilities?	☐ yes	☐ no	Comments:
Does the client have any medical concerns?	☐ yes	☐ no	
Does the client need detoxification at this time?	☐ yes	☐ no	
Does the client have a history of mental illness?	☐ yes	☐ no	
Does the client have a history of violent offenses?	☐ yes	☐ no	
Does the client have a history of sexual offenses?	☐ yes	☐ no	
Is the client on medication currently?	☐ yes	☐ no	

If yes, please list medications:

Any other concerns for the client:

Please include the following documentation with this application:
- ☐ Court Order
- ☐ Signed Purchase Service Contract
- ☐ Physical/Dental Exam Results (Will provide if Medicaid)
- ☐ Medicaid Card (Copy)

☐ Traveling File Information, to include:
- ☐ Past Psychological Evaluations
- ☐ Personal History
- ☐ Educational Records
- ☐ Medical History

Program Use Only:

______________________________________ meets the admission criteria for The Journey/TLC Program.

☐ This client is not experiencing any severe physical reactions to substance abuse or substance abuse withdrawal at time of admission.

Admission Date: ____________________________ Therapist: ____

Clinical Director's Signature: ____ Date: __________________________