CHESTER RECOVERY CENTRE HAVEN

ADMISSION 001

Admission date: _____

Name: _____

Surname: _____

Age: _____ ID No.: _____

Home Address: _____

Contact number: _____

Substance used: _____

Admitted by: _____ Relationship: _____

Contact number: _____

Patient condition: _____

Allergies Yes ☐ No ☐ Details: _____

Previous rehabilitation history Yes ☐ No ☐

Details: _____

Pending criminal case/s Yes ☐ No ☐ Details: _____

_____

Do you consent to prescribed medication for detox purposes: Yes ☐ No ☐

Notes: _____

_____

_____