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## ADMISSION REPORT CHECKLIST

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Medical/Surgical History (Seizure/Overdose): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wounds (Location): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Substance Abuse History (How much/Frequency/How long): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Admissions (Inpatient or Outpatient): \_\_\_\_\_

\_\_\_\_\_

Psychiatric History: \_\_\_\_\_

Criminal History NO YES (Please explain): \_\_\_\_\_

\_\_\_\_\_

Suicidal/Homicidal: \_\_\_\_\_ Plan: \_\_\_\_\_

Previous Attempts \_\_\_\_\_ COW Score \_\_\_\_\_ CIWA Score \_\_\_\_\_

BP: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ ASAM Score: \_\_\_\_\_

Accepted: \_\_\_\_\_ Excluded (Include reason): \_\_\_\_\_

\_\_\_\_\_