Ph. (859) 287- 4526 Email: office@ourmonolithic.com

Client Pre-Application

Name: _____ **Ph. Number:** _____ **Age:** _____

Email: _____ **Referred By:** _____

Previous Resident: Yes No **When:** _____ **Graduate:** Yes No

Previous Treatment History: _____

_____

Sobriety Date: _____ **Age of First Use:** _____

Drug(s) of Choice: _____

Current Prescribed Medications: _____

_____

Valid Driver's License: Yes No **Do you own a Vehicle:** Yes No

Currently Employed: Yes No **Where:** _____

Current Probation/Parole: Yes No **Drug Court:** Yes No **Mental Health Court:** Yes No

Veterans Court: Yes No **Sex Offender:** Yes No **Arson Charges:** Yes No **DVO/EPO:** Yes No

Are you court-ordered: Yes No

Officers Name: _____ **Officers Ph. Number:** _____

Current Address: _____

Emergency Contact: _____ **Ph. Number:** _____

Address: _____