



PO Box 231  
Ridgeville, SC 29472-0231  
Personnel Phone: (843) 879-2255  
Personnel Fax: (843) 879-2255

# HEALING HURTS APPLICATION FOR ADMISSION

Name \_\_\_\_\_  
                                First                                Middle                                Last                                Maiden

Current or Previous Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License: Yes \_\_\_\_\_ No \_\_\_\_\_ State/Number \_\_\_\_\_  
(registration, inspection and insurance complete and current? Yes \_\_\_\_\_ No \_\_\_\_\_)

**Education**

Last school attended: \_\_\_\_\_

Tel. # of School \_\_\_\_\_ When: \_\_\_\_\_

Grade completed: \_\_\_\_\_ Currently Enrolled: YES or NO (circle one)

**Employment History**

Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by whom: \_\_\_\_\_

Monthly salary: \_\_\_\_\_

Employer Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship to resident: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship to resident: \_\_\_\_\_

**Medical Information**

Weeks/Months Pregnant: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_  
Medical Care for this pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Medical Practitioner: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Do you currently have Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you currently have WIC? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Pregnancies**

Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_

# Births: \_\_\_\_\_  
# Miscarriages: \_\_\_\_\_  
# Abortions: \_\_\_\_\_

Ever hospitalized: Yes \_\_\_\_\_ No \_\_\_\_\_ When: \_\_\_\_\_  
Purpose of hospitalization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEALING HURTS RESIDENT APPLICATION OF ADMISSION

**Medical History**

Current medications and reasons for taking medications: \_\_\_\_\_  
\_\_\_\_\_

Current medical condition: \_\_\_\_\_  
\_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ List: \_\_\_\_\_  
\_\_\_\_\_

Are you currently or have you in the past received mental health services?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain where and when: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for mental health or psychiatric reasons?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain where and when: \_\_\_\_\_  
\_\_\_\_\_

Have you ever attempted suicide? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Current Use Of**

Alcohol: Yes: \_\_\_\_\_ Last use: \_\_\_\_\_ How much used: \_\_\_\_\_  
No: \_\_\_\_\_ Last use was when: \_\_\_\_\_  
Tobacco: Yes: \_\_\_\_\_ Last use: \_\_\_\_\_ How much used: \_\_\_\_\_  
No: \_\_\_\_\_ Last use was when: \_\_\_\_\_  
Drugs: Yes: \_\_\_\_\_ Last use: \_\_\_\_\_ How much used: \_\_\_\_\_  
No: \_\_\_\_\_ Last use was when: \_\_\_\_\_

List of drugs used: \_\_\_\_\_

Current or past legal involvement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain what and when  
\_\_\_\_\_

I hereby give permission to the Healing Hurts to contact any of my medical providers, whether it be for medical, mental health, or psychiatric information so that they will be able to make the best decisions concerning my care.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

**Resident's Certification:**

I have read this admission form and attachments and it is complete and true to the best of my knowledge. I understand that false or incomplete information can result in my immediate dismissal from any/all of Healing Hurt's programming.

\_\_\_\_\_  
(Resident's Signature)

\_\_\_\_\_  
(Date)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_

**Current Pregnancy Information**

Father's Name: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Race: \_\_\_\_\_

Aware of Pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

Relationship with alleged father: \_\_\_\_\_

His occupation: \_\_\_\_\_

His monthly income: \_\_\_\_\_

Previous children: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many: \_\_\_\_\_

(If yes, provide information on each child, and guardian of each child on separate piece of paper and attach.)

**Miscellaneous Information**

Religion \_\_\_\_\_ Active: \_\_\_\_\_

Ever married: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list details on a separate sheet of paper and attach)

Racial Classification: \_\_\_\_\_

**Financial Information**

Current checking account: Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_

Current savings account: Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_

Credit cards: Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_ List: \_\_\_\_\_

Do you have any debts: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

**Family History**

Mother's name and address \_\_\_\_\_

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

Relationship with mother currently: \_\_\_\_\_

Father's name and address \_\_\_\_\_

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

Relationship with father currently: \_\_\_\_\_

Names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_

Interests:

\_\_\_\_\_  
\_\_\_\_\_

Name two of your best qualities: \_\_\_\_\_

\_\_\_\_\_

Name two things you would like to change about yourself: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you want to accomplish in the next 12 months: \_\_\_\_\_

\_\_\_\_\_

Where have you attempted to live/move into other than a maternity home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What reasons do you have for not being able to continue to live where you are? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_