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 rosehillcenter.org

PATIENT APPLICATION

PLEASE PRINT OR TYPE

Applicant's Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ Marital Status: _____

Social Security Number: _____ Date of Birth: _____

Current situation? What are you currently doing? Where do you live?

Why would you like to come to Rose Hill?

What goals do you wish to reach in one year? In five years?

What is your highest level of education and training?

What kind of work have you done or jobs have you held? When and where?

Which did you enjoy the most and why?

(see other side)

PATIENT APPLICATION

Have you participated in any other kind of work or rehabilitation program for mental illness or substance abuse problems? Where and when?

What medications do you take and what are they for?

Have you been hospitalized for mental/emotional or substance abuse problems? When? Where? Why? How long?

Do you have any outstanding criminal charges? If yes, what are they? Have you ever been convicted of a felony? If yes, what were the charges? When?

What do you feel your strengths are?

What do you feel your weaknesses are?

Who are your support persons?

What questions or concerns do you have about Rose Hill?

ROSE HILL STAFF HAS MY PERMISSION TO COMMUNICATE WITH MY FAMILY AND FORMER OR CURRENT DOCTORS OR OTHER HEALTH CARE PROFESSIONALS ABOUT ME FOR ADMISSION PURPOSES.

SIGNATURE: _____ DATE: _____