



900 North League Road \* Colfax, IA 50054 \* (515) 674-3713 \* Fax (515) 864-0094  
ADULT APPLICATION FOR ADMISSION

**Personal Information**

Date: \_\_\_\_\_ Gender at Birth:  Male  Female

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you a United States Citizen?  Yes  No

Do you have a Social Security Card?  Yes  No

Do you have a valid Driver's License or State-Issued ID?  Yes  No

*Please include copies of ID and SS card with application; if you do not currently have these, you will be required to obtain them before entry into the program*

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Marital History/Family Background**

- Marital Status:  Single  Separated
- Married  Widowed
- Divorced  Common Law
- Remarried  Engaged or Significant Other

Spouse's name: \_\_\_\_\_

List children and their ages:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

\_\_\_\_\_  
*Name of child Age Where/with whom child is living*

**Marital History/Family Background (cont.)**

Name of girlfriend or fiancé: \_\_\_\_\_

Length of time together and intentions for relationship: \_\_\_\_\_

**Education/Military History**

Do you have your High School diploma?  Yes  No  GED/HiSET

Date and Location: \_\_\_\_\_

*Please provide a copy of your high school diploma or GED/HiSET certificate; if you do not have documentation, you will be required to enroll in our HiSET program.*

Do you have any college, technical, or trade school attendance?  Yes  No

Date and Location: \_\_\_\_\_

Have you ever been diagnosed with a learning disability? \_\_\_\_\_ If yes, briefly describe: \_\_\_\_\_

Military Service:  Air Force  Navy  Army  
 Marines  Coast Guard  None

Years served, MOS, discharge details: \_\_\_\_\_

**Religious/Teen Challenge Background**

Do you believe in God?  Yes  No

Would you describe yourself as a Christian?  Yes  No

Do you believe the Bible as the Word of God?  Yes  No

Do you pray?  Yes  No

Have you ever had a conversion experience with Jesus Christ?  Yes  No

*(Born Again, accepted Jesus, etc.)*

If yes, briefly describe your experience of salvation including time and place: \_\_\_\_\_

Do you currently have a home church?  Yes  No

Name: \_\_\_\_\_

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

*Street Address City State Zip Code*

Phone: (\_\_\_\_) \_\_\_\_\_ Pastor: (\_\_\_\_) \_\_\_\_\_

Have you previously been enrolled in in a Teen Challenge program?  Yes  No

*(You will be required to provide a release of confidentiality for us to communicate with that center)*

Name of Center: \_\_\_\_\_

Dates of Participation: \_\_\_\_\_

Do you understand the purpose of the program? \_\_\_\_\_

Do you have any responsibilities that would hinder your participation for a minimum of 12 months? \_\_\_\_\_

If yes, briefly describe: \_\_\_\_\_

Please describe your current life-controlling problems: \_\_\_\_\_

Please describe your current living conditions: \_\_\_\_\_

**Legal Information**

Are you currently incarcerated?  Yes  No

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State  
Zip Code

Do you currently have any legal charges pending? (Explain in detail below)  Yes  No

Attorney's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip Code  
Phone: ( ) Email: \_\_\_\_\_

Do you currently have any outstanding warrants?  Yes  No

Have you ever been charged with a violent offense or assault?  Yes  No

Are you currently on probation of parole?  Probation  Parole  None

Length of remaining supervision? \_\_\_\_\_

Probation/Parole Officer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip Code  
Phone: ( ) Email: \_\_\_\_\_

Previous convictions: (Explain in detail below)  Misdemeanor  Felony  None

Arrests for habitual offenses: (Explain in detail below)  Yes  No

Have you ever been charged or convicted of a sexual offense: (Explain in detail below)  Yes  No

Are you required to register as a sexual offender: (Explain in detail below)  Yes  No

**Medical History**

Are you a nicotine user (cigarettes, vape, chew, etc.)?  Yes  No  
 Have you ever engaged in homosexual activity?  Yes  No  
 Are you currently pregnant?  Yes  No  N/A  
 Are you currently clean and sober?  Yes  No  
 Do you have any body piercings?  Yes  No

*Men's piercings must be removed prior to program entry. For women, earrings only are permitted; other body piercings must be removed prior to program entry.*

Do you have any allergies (food, medication, etc.)? *(Explain in detail below)*  Yes  No

Do you currently take any medications? *(List in detail below)*  Yes  No

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| <i>Medication</i> | <i>Dosage</i> | <i>Purpose</i> |
|-------------------|---------------|----------------|
|-------------------|---------------|----------------|

Do you have activity restrictions due to any medical conditions? *(Explain in detail below)*  Yes  No

Do you have any history of mental illness? *(Explain in detail below)*  Yes  No

Have you ever received treatment/counseling for emotional/mental/psychological conditions?  Yes  No

Have you ever had suicidal thoughts? \_\_\_\_\_ Are you currently having suicidal thoughts? \_\_\_\_\_

Please explain any current dental problems: \_\_\_\_\_

If you currently have health/dental insurance, please list all applicable information below:

Name of provider: \_\_\_\_\_

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

|              |                       |             |
|--------------|-----------------------|-------------|
| <i>State</i> | <i>Street Address</i> | <i>City</i> |
|              | <i>Zip Code</i>       |             |

Phone: (\_\_\_\_\_) \_\_\_\_\_ Policy #: \_\_\_\_\_

**Financial Information**

Do you currently receive SSA, SSI, or other governmental benefits?  Yes  No

Are you required to pay child support? *(List amount/frequency of payments below)*  Yes  No

**Referral Information**

Who referred you to Sheepgate? \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Non-Refundable Fee Agreement**

I, \_\_\_\_\_, the applicant, agree to pay the \$750.00 entry fee to enter Sheepgate. I understand this fee is used to process my entry into the program and once paid, is non-refundable regardless of drop-out, dismissal, or any other circumstance and regardless of my time in the program.

I understand this \$750.00 payment is a “fee.” Fees are specific, required expenses which are applied toward a particular individual’s needs. Because fees are involuntary, payees are not eligible for a tax-deductible receipt.

**Application Signature**

By signing and dating below, I am indicating that I have read and understand all items included in this Adult Application for Admission, and that all information is true and accurate.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Printed Name*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Printed Name*

## Sheepgate

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### APPENDIX A: STUDENT AGREEMENT

1. I, \_\_\_\_\_, state that I am seeking help at Sheepgate.
2. I state that I am currently \_\_\_\_\_ years of age, and that I am able to consent to my participation in this program in its entirety.
3. I have read the Sheepgate Student Guidelines and I agree to abide by them.
4. It is my intention to complete the 12-month minimum Sheepgate residential discipleship program.
5. I release to Sheepgate the right to search, read, and withhold my mail in the manner explained in the Student Guidelines.
6. I release to Sheepgate the right to conduct a room search without warning.
7. I release to Sheepgate the right to make a thorough search of my person and belongings on the day of admission.
8. I understand that withdrawal from drugs, alcohol, and nicotine will be accomplished, "cold turkey" and with the assistance of staff.
9. I understand that Sheepgate will not be held responsible for any of my personal property that is lost or stolen while I am in the program. When leaving Sheepgate, I understand that all of my personal property must be taken with me or it will be disposed of after a 7-day waiting period. Any unclaimed funds remaining on a student account following departure from the program will be submitted to the state as unclaimed property.
10. I hereby release Sheepgate from all financial and legal responsibilities in case of accident, injury, illness, or other misfortune.
11. Any items that are brought to Sheepgate that are listed under, "Forbidden Items" in the Student Guidelines will be discarded or sent home at my personal expense.
12. I agree to submit to the authority of all staff members and interns.
13. I release to Sheepgate the right to speak freely with the persons listed below, as indicated by the corresponding section in the written application: Emergency Contact, Other Teen Challenge programs in which I have been enrolled, Attorney, and Probation/Parole Officer.
14. I understand the staff and volunteers of Sheepgate are not professional counselors and are not licensed or certified by any state entity. They are committed Christians who will share their honest opinions, advice and counsel based on Biblical principles.
15. I understand that Sheepgate policy is to maintain the confidentiality of all private communications between Sheepgate staff and myself. Generally, such confidential communications will not be disclosed to third persons outside Sheepgate, including my family members, unless required by law. Sheepgate has no duty to notify or inform my family members about any problems discussed in counseling. If Sheepgate staff do make such disclosures as they believe are in my best interest, I waive any objection to such disclosures.
16. In consideration for the opportunity to obtain this help, I promise that I will not take any legal action in the future for anything said, done, or omitted by the organization of Sheepgate, their staff, agents, or family members during this program. I agree to hold Sheepgate, their staff, agents, and family members harmless for any legal claims of negligence or damage of any sort, which a person could assert related to the Sheepgate program.
17. I understand that I need Sheepgate to provide transportation to personal appointments, funds will be withdrawn from my personal account to cover transportation costs. Please refer to page 7 of the Student Guidelines for the complete policy.

**By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Student Agreement and agree to abide by all items listed.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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### APPENDIX B: CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

The undersigned parties enter into this agreement as an essential condition of participation in the Sheepgate Program.

The undersigned parties accept the Bible as the inspired Word of God. They believe God desires for them to resolve disputes with one another within the church and that they be reconciled in their relationships in accordance with the church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy that arises out of or is related to this agreement is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and Matthew 18:15-20, then the dispute or controversy will be settled by Biblically based mediation and, if necessary, legally binding arbitration, in accordance with the, "Rules of Procedure for Christian Conciliation" of the Association of Christian Conciliation Services, a division of Peacemaker Ministries. (Current Rules attached and incorporated by this reference and we will also mail a copy of the rules upon request).

Rules may be found at [www.hispeace.org](http://www.hispeace.org) or by contacting Peacemaker Ministries:

PO Box 81130  
Billings, MT 59108  
(406) 256-1583

The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Christian Conciliation and Arbitration Agreement and, "Rules of Procedure for Christian Conciliation," and agree to abide by all items listed.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

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### APPENDIX C: ACKNOWLEDGEMENT OF STATUS AS STUDENT & VOLUNTEER AND WORK ASSIGNMENTS

#### Student Applicant Statement:

I understand that if I am admitted as a student, I will be required to participate in the Sheepgate Work Therapy Program.

I acknowledge that I have read and fully agree with the Sheepgate description of its Work Therapy Program, which addresses the importance of work assignments in helping create in me the value of a good work ethic and the character of a responsible, upright individual.

I understand that if I am admitted, I will be performing work assignments not as an employee of Sheepgate, but solely for my benefit, to advance my growth, maturity, character development, recovery from controlled substances, and readiness to reenter the workplace.

Accordingly, by submitting this Application, I am not applying for a position of employment, and if admitted, I understand I will not be receiving any compensation or in-kind benefits in exchange for the performance of any work assignments.

I further understand that if I fail to perform my work assignments, Sheepgate may revoke my status and privileges as a student. It is understood that performance of work assignments is not the consideration for the receipt of such status and benefits, but because each student's participation in the Work Therapy Program is a necessary and vital part of the recovery process.

- 1) I will not execute any agreement with the entity that will be providing immediate supervision over my work assignments.
- 2) I will not file any claim or take any action individually or with others for recovery of wages or other benefits in conjunction with my work assignments
- 3) I will contribute at least 50% of income I receive from public benefits (e.g., Social Security, disability, etc.) unemployment, benevolence assistance, charitable gifts, or other means of assistance I receive in conjunction with my participation as a student and/or during my term as a student at Sheepgate to help defray the costs of my participation, provided that it is consistent with the law

By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Acknowledgement of Status as Student & Volunteer and Work Assignments and agree to abide by all items listed.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*



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### APPENDIX D: INTAKE DAY

#### **Documentation for Intake Day:**

- Valid Driver's License/State ID Card
- Social Security Card or recent receipt of application for replacement
- Marriage License/Certificate (if applicable)
- Birth Certificate (if necessary)
- Medical Insurance Card (if available)
- \$750.00 Intake Fee – cash, debit/credit card, money order, cashier's check
- \$150 HiSET Fee (if applicable)
- Student Account Funds (if desired)

#### **Personal/Clothing/Hygiene Items:**

We do not maintain storage space for excess clothing. Students who arrive with an excess amount of clothing for available space (2 storage totes under bunk, 30" of hanging space) will be asked to return items home or send them home at their own expense. Students who do not have all the items listed will have access to new/donated items in our facility to help fulfill needs if necessary.

Your person, bags, and possessions will be searched upon intake and all clothing items will be laundered in our onsite laundry.

|  |  |
|--|--|
| Collared shirts – polos, button downs, etc.                      | Shaving cream  |
| Jeans/Dress pants/ Khakis – no holes or frays                    | Nail clippers  |
| Dress shirts   | Q-Tips   |
| Casual shoes   | Shampoo/Body wash/Soap (no loofahs/body scrubbers)                 |
| Dress shoes  | Deodorant (no aerosols)  |
| Work shirts/Work jeans/pants                                     | Shower shoes – flip flops/sandals MUST be used                     |
| Work/Casual shorts   | NO aerosol products  |
| Tennis shoes (work boots provided by program)                    | Bible – recommended translations – NKJV, NLT, NIV                  |
| Underwear/Socks  | Notebooks/Notebook paper   |
| Sleepwear  | Pens/Pencils/Highlighters  |
| Undershirts (white undershirts may not be worn as outer garment) | Postage stamps/envelopes   |
| Cold weather gear – coats, hats, gloves                          | Journal  |
| Hard Candy allowed (no candy on sticks or gum)                   | Personal CD player (if desired, NO radio option allowed)           |
| Toothbrush/toothpaste  | Photos (Up to 5 photos of immediate/church family, 4x6 or smaller) |
| Razors (electric or standard)                                    |  |

#### **Please do not bring any of the following items with you on the day of intake – you will be asked to have them returned home with your family or to send them home at your expense:**

|   |  |
|---|--|
| Jewelry – wedding ring and watch if desired | Clothing with drug/alcohol/sexual references, etc.         |
| Electronic games                            | Electric hair clippers                                     |
| Cameras                                     | Board games/Playing cards                                  |
| Cell phones, PDA devices                    | Personal laundry detergent                                 |
| Photos/Photo frames larger than 4x6         | Any books/ CDs or other media (Bibles/Devotionals allowed) |
| Personal towels                             | Personal tools   |
| Credit/Debit/Cash/Gift cards                | Musical instruments  |
| Expensive clothing items                    |  |

By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Appendix D: Intake Day and agree to abide by all items listed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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### APPENDIX E: FINANCIAL ASSISTANCE APPLICATION

A limited amount of financial assistance is available for those who cannot afford to participate in Sheepgate. Applicants requesting financial aid are requested to first exhaust other sources such as parents, relatives, and their home church. Please complete this Financial Assistance Application entirely so we can begin to help you allocate the necessary resources.

| <u>ASSETS</u>                            | <u>VALUE</u> | <u>INCOME</u>  | <u>AMOUNT</u> | <u>FREQUENCY</u> |
|--|--------------|--|---------------|------------------|
| Cash on hand & checking.....             | _____        | <i>Includes wages, benefits, health insurance, annuities, dividends, SSI, etc.</i> |               |                  |
| Savings.....                             | _____        |  |               |                  |
| Investments.....                         | _____        | _____  | _____         | _____            |
| Life Insurance cash value(s).....        | _____        |  |               |                  |
| IRA's.....                               | _____        | _____  | _____         | _____            |
| Pension & Profit sharing.....            | _____        |  |               |                  |
| Home.....                                | _____        | _____  | _____         | _____            |
| Land.....                                | _____        |  |               |                  |
| Business valuation.....                  | _____        | _____  | _____         | _____            |
| Automobile(s).....                       | _____        |  |               |                  |
| Motorcycle, boat, camper, ATV, etc. ...  | _____        | _____  | _____         | _____            |
| Furniture and other personal property... | _____        |  |               |                  |
| Other sources of income.....             | _____        | _____  | _____         | _____            |
| <b>TOTAL ASSETS</b>                      | _____        | <b>TOTAL</b>   | _____         | _____            |

### Liabilities

| <i>Source</i>                  | <i>Amount</i> | <i>Frequency</i> |
|--------------------------------|---------------|------------------|
| <u>Rent/Mortgage</u> _____     | _____         | _____            |
| <u>Utilities</u> _____         | _____         | _____            |
| <u>Vehicles(s)</u> _____       | _____         | _____            |
| <u>Consumer loans(s)</u> _____ | _____         | _____            |
| <u>School loans(s)</u> _____   | _____         | _____            |
| <u>Restitution/Fines</u> _____ | _____         | _____            |
| _____                          | _____         | _____            |
| _____                          | _____         | _____            |

It costs on average about \$1,200.00 per month to house, feed, and serve each Sheepgate student.

How much of the monthly \$1,200.00 cost can you afford? \_\_\_\_\_

By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Financial Assistance Application and affirm that all information included is forthright and accurate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Sheepgate

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#### APPENDIX E: FINANCIAL ASSISTANCE APPLICATION

Initial each item below to acknowledge you have read and agree to abide by the following documents:

- \_\_\_\_\_ Application for Admission (pages 1-5)
- \_\_\_\_\_ Appendix A: Student Agreement
- \_\_\_\_\_ Appendix B: Christian Conciliation Agreement and Rules of Procedure for Christian Conciliation
- \_\_\_\_\_ Appendix C: Acknowledgement of Status as Student & Volunteer and Work Assignments
- \_\_\_\_\_ Appendix D: Intake Day
- \_\_\_\_\_ Appendix E: Financial Assistance Application

**Notary Public:** Please ensure Appendixes A-E have been signed and dated by the applicant in your presence before proceeding.

*I certify under penalty of perjury and the laws of the State of Iowa that the forgoing statements are true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn before me by: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public Signature and Seal: \_\_\_\_\_

My commission expires: \_\_\_\_\_

|   |   |
|---|---|
| <b><u>Requirements for Application:</u></b> | Fully completed application, including all signatures and notary<br>\$20 application fee<br>Scheduling a phone interview with the Intake Coordinator  |
| <b><u>Requirements for Admission</u></b>    | All applicable fees<br>Current, valid State/Photo ID, SS card, and other applicable documents<br>Physical exam with lab work<br>Any other necessary documents as determined by the Intake Coordinator |



### Physical Exam Form

Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Signature for Release: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:  Male  Female

Below this line for medical staff only

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Ambulatory:

Non-Ambulatory:

| Required Labs            | Result |
|--------------------------|--------|
| TB:                      | _____  |
| Hepatitis ABC:           | _____  |
| HIV:                     | _____  |
| CBC:                     | _____  |
| Covid:                   | _____  |
| Tetanus:                 | _____  |
| Pregnancy (all females): | _____  |
| PAP (all females):       | _____  |

Please check any conditions requiring further medical treatment:

- |                                 |                                  |                                       |                                   |                                  |
|---------------------------------|----------------------------------|---------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Eyes   | <input type="checkbox"/> Dental  | <input type="checkbox"/> Extremities  | <input type="checkbox"/> Lymph    | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Ears   | <input type="checkbox"/> Neck    | <input type="checkbox"/> Bones/Joints | <input type="checkbox"/> Lungs    | <input type="checkbox"/> Back    |
| <input type="checkbox"/> Nose   | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Neurological | <input type="checkbox"/> Heart    | <input type="checkbox"/> Genital |
| <input type="checkbox"/> Throat | <input type="checkbox"/> Skin    |                                       | <input type="checkbox"/> Vascular | <input type="checkbox"/> Rectal  |

Comments: \_\_\_\_\_

List all medications the applicant is currently taking:

| Medication | Dosage | Purpose |
|------------|--------|---------|
| _____      | _____  | _____   |
| _____      | _____  | _____   |
| _____      | _____  | _____   |

Does this applicant have a medical condition that might endanger the health of staff or students in our program?

Yes  No Explain: \_\_\_\_\_

Is there any reason why this applicant should not assist in the preparation of food or medical services?

Yes  No Explain: \_\_\_\_\_

### Health History

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

Ever withdrawn from alcohol? \_\_\_\_\_

Diet: \_\_\_\_\_

Ever withdrawn from chemicals? \_\_\_\_\_

Glasses: \_\_\_\_\_

How many times in detox? \_\_\_\_\_

Contacts: \_\_\_\_\_

How many times in outpatient treatment? \_\_\_\_\_

Dentures: \_\_\_\_\_

How many times in inpatient treatment? \_\_\_\_\_

Hearing Aid(s): \_\_\_\_\_

Date of last drug/alcohol use: \_\_\_\_\_

|                     | Yes   | No    |
|---------------------|-------|-------|
| Headaches           | _____ | _____ |
| Dizziness           | _____ | _____ |
| Difficulty seeing   | _____ | _____ |
| Difficulty hearing  | _____ | _____ |
| Frequent earaches   | _____ | _____ |
| Hallucinations      | _____ | _____ |
| Shortness of breath | _____ | _____ |
| Chronic cough       | _____ | _____ |
| Frequent colds      | _____ | _____ |
| Sinusitis           | _____ | _____ |
| Dental problems     | _____ | _____ |
| Bleeding gums       | _____ | _____ |
| Seizures            | _____ | _____ |
| Loss of appetite    | _____ | _____ |
| Compulsive eating   | _____ | _____ |
| Induced vomiting    | _____ | _____ |
| Vomiting            | _____ | _____ |
| Eating disorders    | _____ | _____ |
| Anemia              | _____ | _____ |
| Arthritis           | _____ | _____ |
| Athlete's foot      | _____ | _____ |
| Blood disorder      | _____ | _____ |
| Bruise easily       | _____ | _____ |
| Cancer              | _____ | _____ |
| Diabetes            | _____ | _____ |
| Dry skin            | _____ | _____ |

|                                | Yes   | No    |
|--------------------------------|-------|-------|
| History of infection           | _____ | _____ |
| Starvation                     | _____ | _____ |
| Weight loss                    | _____ | _____ |
| Nausea                         | _____ | _____ |
| Chest Pain                     | _____ | _____ |
| Palpitations                   | _____ | _____ |
| Heartburn                      | _____ | _____ |
| History of high blood pressure | _____ | _____ |
| Numbness of hands              | _____ | _____ |
| Liver disease                  | _____ | _____ |
| Abdominal cramps               | _____ | _____ |
| Diarrhea                       | _____ | _____ |
| Constipation                   | _____ | _____ |
| Hemorrhoids                    | _____ | _____ |
| Frequent urination             | _____ | _____ |
| Burning with urination         | _____ | _____ |
| Blood in urine                 | _____ | _____ |
| Black, tarry stools            | _____ | _____ |
| Jaundice                       | _____ | _____ |
| Lice/Crabs                     | _____ | _____ |
| Rashes                         | _____ | _____ |
| Skin problems                  | _____ | _____ |
| Slow healing                   | _____ | _____ |
| STD                            | _____ | _____ |
| Tuberculosis                   | _____ | _____ |
| Unusual discharge              | _____ | _____ |

**Please Fax or Mail both pages of this form and lab results to:**

Sheepgate Admissions  
900 N League Rd. | PO Box 185  
Colfax, Iowa 50054  
(515) 674-3713 or (800) 718-8804 phone  
(515) 864-0094 fax

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_