



WEEKEND INTERVENTION PROGRAM
Registration Form

Referred by: _____

Name: _____ Session Date: _____
First Middle Last

Address: _____ WIP Number: _____
City State Zip Date of Birth: _____

Home telephone: _____ Email Address: _____

Gender: Male ___ Female ___ Age: _____ Ethnicity/Race: _____ Marital Status: _____ Smoker? Yes No

Place of Employment _____ Occupation: _____
Full-time Part-time

Are you currently a student? _____ If so, where? _____

Emergency Contact: Name _____ Relationship to you _____

ADDRESS INCLUDING CITY, STATE, AND ZIP CODE

Telephone Number

YOU MUST BRING PRESCRIPTION MEDICATIONS IN BOTTLES CLEARLY INDICATING THAT THEY HAVE BEEN PRESCRIBED TO YOU. BRING ONLY THE AMOUNT NEEDED TO GET THROUGH THE WEEKEND. OVER-THE-COUNTER ITEMS BROUGHT TO THE PROGRAM INCLUDING TYLENOL, ADVIL, ASPIRIN, VITAMINS, SUPPLEMENTS, OINTMENTS, CREAMS, ETC. MUST BE IN UNOPENED CONTAINERS.

Please describe below any medical condition(s) you have and the medication(s) you are taking.

Please list all known allergies and/or food reactions:

Are you currently pregnant (females only)? If yes, how many months?

Do you have any special dietary requirements (e.g., vegetarian, etc.) we should know about?

Please list any special (non0dietary) requirements you have.

FOR OFFICE USE ONLY

Luggage Searched By:

Registration Interviewer:

Date: