



THREE OAKS CENTER, INC.

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ThreeOaksCenter.com

Registration Form

Referred by: _____

Name: _____ **Session Date:** _____
 First **Middle** **Last**

Address: _____ **EIP Number:** _____

_____ **Date of Birth:** _____
 City **State** **Zip**

Email address: _____

Home telephone: _____ **Business/Work telephone:** _____

Gender: Male ___ Female ___ **Age** ___ **Ethnicity/Race:** _____ **Marital Status:** _____

Are you a smoker? Yes: ___ No: ___ **Social Security Number:** _____

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. NO OVER-THE-COUNTER ITEMS MAY BE BROUGHT TO THE PROGRAM INCLUDING TYLENOL, ADVIL, ASPIRIN, VITAMINS, SUPPLEMENTS, OINTMENTS, CREAMS, ETC. 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? List difficulties/problems, if any.

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

Please list any special (non-dietary) requirements you have.

******* FOR OFFICE USE ONLY *******

Luggage Searched By: _____

Registration Interviewer: _____

Date : _____