Pre-Admission Packet

Pre-Admission Packet Instructions

Thank you for assisting with a referral to New Vitae Wellness and Recovery. Our program serves as a long-term home with a minimum stay of six months and no maximum limit, ensuring ongoing care as needed. To ensure a timely and efficient admissions process, please review and submit the required documents listed below. **Missing information may delay processing.** If you need assistance gathering any required documents, our admissions team is available to support you.

Submission Instructions:

Scan or fax completed packets to **Bill Hoke and/or Crystal Yost** at:

📠 **Admissions Fax:** 610-928-0174

📧 **Email:** whoke@newvitaewellness.com | cyost@newvitaewellness.com

Required Documentation Prior to Admission:

- ☐ Completed Referral Form (Attached)
- ☐ Signed Release of Information Consent (Attached)
- ☐ Authorization and Understanding Statement/Consent for Criminal Background Check (Attached)
- ☐ Identifying Documents
  - Photo ID
  - Insurance Cards (Medicaid, Medicare, Private Insurance)
- ☐ Current Medication List
- ☐ Biopsychosocial Evaluation
- ☐ Clinical Information (additional information may be requested)
  - ☐ Most Recent Psych Evaluation
  - ☐ Progress Notes
  - ☐ History and Physical
  - ☐ Substance Use Current and History
- ☐ Psychiatric History and Placement Information
  - ☐ Previous Psychiatric Hospitalizations *(list dates and facilities)*
  - ☐ Previous Residential Treatment Placements *(list locations and dates)*
  - ☐ Elopement, Aggression, or Self-Harm History *(if applicable, provide details)*
- ☐ POA/Guardianship Paperwork (*if applicable)*
- ☐ Legal Court Documents: Probation, Parole, Court Orders *(if applicable)*

If you have any questions or require assistance gathering documents, please contact our New Vitae Admissions Team.

Thank You,

Bill Hoke, VP of Development
Crystal Yost, Marketing and Development
New Vitae Wellness and Recovery Admissions Team

New Vitae
WELLNESS AND RECOVERY

Consent for Release of Information *One per organization/person

I,_____, authorize the staff of ***New Vitae Wellness and Recovery*** to obtain from and/or release information to:

Organization, Name: **Phone:**

Address: **City:** **State:** **Zip:**

The following specific information (please check all that apply):

☐ Psychiatric Evaluation ☐ Psychosocial Evaluation ☐ Progress Notes
☐ History and Physical ☐ Discharge Summary ☐ Clinical Reviews
☐ Case Management Notes ☐ Other: _____

For the purpose(s) of (please check next to the items purpose):

☐ Admission Planning ☐ Legal Background Check ☐ Benefits Information
☐ Emergency Contact ☐ Other: _____

Information to be released covers the period from: ____/_____/_____ to ____/_____/_____

Acknowledgment and Consent
I understand that this authorization allows for the release or exchange of my confidential information as specified above. I have been informed that my written consent is required to obtain or disclose this information, except in cases permitted by law. This authorization is limited to the purpose(s) and person(s)/facility listed above and will remain in effect for the duration specified.

I further understand that:

- I have the right to revoke this consent at any time by providing written notice, except to the extent that action has already been taken in reliance on this authorization.
- Refusing to sign this form may impact my ability to receive certain services but will not affect my eligibility for treatment.
- Information disclosed under this authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal confidentiality laws.

Client Name:

Client Social Security #: Client Date of Birth:

Signature of Client/POA/Guardian: Date:

Witness Signature: Date:

New Vitae
WELLNESS AND RECOVERY

Authorization & Understanding Statement for Public Background Checks

I, _____ acknowledge that as part of the admission process at New Vitae Wellness and Recovery, the admissions team may conduct a **public record background check** using publicly available information.
I understand that:

- This search may include **court records, Megan's Law registry, public legal databases, and other publicly accessible sources.**
- No third-party screening agencies, private investigators, or credit history reports will be used.
- This check is **for the purpose of assessing suitability for admission and ensuring the safety of all residents and staff.**
- This process **does not** require the disclosure of my Social Security number.

I acknowledge that I have been informed of this process and understand its purpose.

Signature of Client/POA/Guardian: _____

Alias(es) / Other Names Used: _____

Date: ___ /___ /____

Printed Name: _____

Pre-Admission Packet

New Vitae
WELLNESS AND RECOVERY

Admission Referral Form (Mental Health/SUD/Co-Occurring)

***If referring to our Action Recovery Brain Injury Program, please fill out AR Admission Form**

Section 1: Client Information

Last Name:	First Name:	M.I.:
DOB:	Age:	Social Security #:
Person identifies as: ☐ Male ☐ Female ☐ Non-Binary ☐ Other:		
Gender at birth: ☐ Male ☐ Female		
Race:	Identifying Marks:	
Primary Language:		
Address:		
Phone Number: (Cell)	(Home)	
Current Living Situation: ☐Independent ☐ With Family ☐ Another Placement (residential/group) ☐Hospital ☐ Homeless ☐ Other:		
Primary Insurance: (please include a copy of front and back of insurance card)		
Secondary Insurance:		

Section 2: Referral Information

Referral Source (Agency/Person Referring):		
Address:		
Contact Person:	**Phone #:**	**Fax #:**
Email:		
Case Manager, if different from above:		**Phone #:**
Email:		
Current Placement:	**Date of Admit:**	
Voluntary:	**Disch. Plan:**	

Pre-Admission Packet

New Vitae
WELLNESS AND RECOVERY

Section 3: Contact Information and Legal Information:

*Provide all legal documents, if answered "Yes" to below questions

Emergency Contact:	**Relationship:**
Email:	
Address:	**Phone #:**
Is there a POA? ☐ Yes ☐ No	**POA Name:**
Address:	
Email:	**Phone #:**
Is there a Legal Guardian? ☐ Yes ☐ No	**Guadian Name:**
Address:	
Email:	**Phone #:**
Is there a Rep Payee/Fiduciary? ☐ Yes ☐ No	**Rep Payee/Fiduciary Name:**
Address:	
Email:	**Phone #:**
Who is financially responsible (if self, write self)	**Name:**
Address:	
Email:	**Phone #:**

Section 4: Clinical and Medical (current and history)

Chief Complaint/Presenting Problem:
Primary Diagnosis:
Secondary Diagnosis(es):
Addiction/SUD Diagnosis(es):
Medical Diagnoses:
Developmental Disorders:
Cognitive Functioning:
Current Symptoms: ☐ Suicidal Ideation ☐ Homicidal Ideation ☐ Fire Setting ☐ Self-Injurious Behavior ☐ Elopement Risk ☐ Aggression ☐ Violence ☐ Other(s):

New Vitae
WELLNESS AND RECOVERY

Seizures: ☐ Yes ☐No	**Dietary Needs:**
Allergies:	
Mobility Needs: ☐ Independent ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other:	
Vision or Hearing Impairments: ☐ Yes ☐ No **Assistive Devices:**	
Psychiatrist (if applicable)	**Name:**
Phone:	**Fax:**

Section 5: Mental Health History

History of Trauma: ☐ Yes ☐No Explain, if yes:
History of Psychiatric Hospitalizations or Treatment (List Dates & Facilities):
Previous Suicide Attempts (frequency) or Self-Harm ☐ Yes ☐No (If Applicable, List Dates):
History of Aggression, Elopement, or Fire-Setting: ☐ Yes ☐ No (If Yes, provide details):

New Vitae
WELLNESS AND RECOVERY

Section 6: Substance Use and History (If applicable)

Drug(s) of Choice:
Last Use (List All Substances & Dates):
Currently on MAT (Medication-Assisted Treatment)? ☐ Yes ☐ No
Type & Dosage:
History of Overdoses (Number & Last Date):
Previous Treatment: ☐ Inpatient ☐ Outpatient ☐ None
Longest Period of Sobriety:
Nicotine Use/Vaping: ☐ Yes ☐ No if yes describe:

Section 7: Legal Issues:

Current or Past Legal Issues: ☐ **Yes** ☐ **No** (If Yes, provide details below):	
Probation or Parole Status: ☐ **Yes** ☐ **No** **(If Yes, provide details below):**	
Probation/Parole Officer Name:	**Phone:**
Pending Charges or Court Cases: ☐ **Yes** ☐ **No** (If Yes, provide details):	
Legal Issues Related to Sexual Assault or Abuse: ☐ **Yes** ☐ **No** If Yes, provide details: (Including Megan's Law, Sex Offender Status):	