



Pre Admission Check List

PLEASE PRINT CLEARLY

Applicants Full Legal Name:		Middle name	
SIN #		Date of Birth:	
Next Court Date:		Bail or CSO:	
Court Location:		CS#	
Legal Counsel:			
Drug of Choice :	Cocaine/Crack	Crystal Meth	Heroin Opiate Alcohol
Methadone/ Sub Oxone	Y/N	Comment:	
Med Needs or Concerns:			
Sexual Offences? Y/N	With Minors? Y/N	Comment:	
Current Charges:			
Corrections Facility Currently At:			
How long have you been in custody?		Referred By :	

Fill this out and send to VQ Intake Administrator/ Operations: ATTN: Galven Young
vqintake@visionquestsociety.org