



Comanche Nation Prevention & Recovery Residential Treatment Center

(Please Print Clearly) \*Is Required

Today's Date: \_\_\_\_\_

Why are you requesting 12 months of residential treatment at CNPR inpatient?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

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

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

City, State, & Zip: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_\_\_

\*Phone number: \_\_\_\_\_ \*Message number: \_\_\_\_\_ \*Email: \_\_\_\_\_

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Have you been to a drug treatment facility before? \_\_\_ When: \_\_\_\_\_ How many times? \_\_\_

Have you been to this facility before? \_\_\_ When: \_\_\_\_\_ Why did you leave? \_\_\_\_\_

\_\_\_\_\_

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\*Do you have any health or medical problems? \_\_\_\_\_

If yes, please explain in detail and list all prescribed medicine. \_\_\_\_\_

\_\_\_\_\_

\*Have you ever been diagnosed with any mental illness? \_\_\_\_\_

If yes, please explain in detail. \_\_\_\_\_

\_\_\_\_\_



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\*Are you currently receiving mental health services/counseling? \_\_\_\_\_

If yes, please explain in detail. \_\_\_\_\_

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\*Have ever been hospitalized for any mental health illness? \_\_\_\_\_

If yes, please explain in detail. \_\_\_\_\_

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\*What substances have you recently used? Please list below:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\*When did you use last?

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Have you been vaccinated from the COVID-19 virus? Y/N

If not, are you willing to get vaccinated? Y/N

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all service and funding are subject to the availability of funds and final approval of the department director.

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Signature

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Date

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Received by CNP&R Staff

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Date

Office notes:

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