



Weekend Intervention Program

Registration Form

Mail all forms to:

**Weekend Intervention Program
Center for Interventions, Treatment and Addictions Research
Wright State University Boonshoft School of Medicine
216 Medical Sciences Building
3640 Colonel Glenn Highway
Dayton, Ohio 45435**

Referred by: _____

Name: _____ Session Date: _____
First Middle Last

Address: _____ WIP Number: _____

_____ Date of Birth: _____
City State Zip

Home telephone: _____ Work telephone: _____

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

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

Place of Employment: _____

Occupation: _____

Full-time _____ Part-time _____

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

Emergency Contact: _____
Name Relationship to you

_____ *Address Telephone Number*

Please describe any medical condition(s) you have and the medication(s) you are taking. YOU MUST BRING WITH YOU THE MEDICATIONS THAT HAVE BEEN PRESCRIBED TO YOU. BRING ONLY THE QUANTITY NEEDED FOR THE WEEKEND IN AND BE CERTAIN IT IS IN THE PRESCRIPTION BOTTLE OR YOU HAVE PROOF THAT IT HAS BEEN PRESCRIBED TO YOU.

Please list all known allergies and/or food reactions:

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

Have you ever had any seizures, convulsions, or convulsive reactions in the past?

FOR OFFICE USE ONLY

Luggage Searched By: _____ Registration Interviewer: _____