Peniel PRE-ADMISSION CHECKLIST

Contact Information: Peniel

Attention: Admissions Department

Post Office Box 250

Johnstown, Pennsylvania 15907

	Pho	one:	(814) 536-2111	Fax: (814) 539-2871	E-mail: penielintake@aol.com	
	The person seeking treatment must contact Peniel either by phone or mail					
	Cai	Carefully and accurately completed Admission's Application (see application on website)				
	pho	Photo of applicant as well as photos of any visible tattoos, marks or scars. Please send a photo of the applicant only. Please avoid wearing dark glasses or hats in photo. This may be submitted by mail or e-mail.				
		Physical examination report and lab test results (see form on website.) To be completed by Doctor, Physician's Assistant or Nurse Practitioner.				
		Financial arrangements for treatment costs: Please call our Fiscal Office to make financial arrangements early and avoid delays in admission.				
Please send the following information when applicable:						
			Current Psychiatric E	valuation		
				enter treatment that incluses and e-mail (if available)	udes contact names, addresses, phone	
				eatment and contact infor	rting requirements, stipulations if client mation during business hours as well as	
To bring upon entry:						
			day supply of approv mitted.	ed medications. Unseal	ed or unauthorized medications are not	
		Per	rsonal Identification (P	hoto ID, Birth Certificate,	Social Security Card)	
	☐ Follow the Recommended and Restricted Clothing/ Personal Items List (available website). Please mark clothing with client's initials and inspect for contraband.					
	☐ Work resume					
	☐ Educational Records (if possible)					
		Со	py of Marriage License)		

Please note that all information may be submitted by mail, fax or e-mail with the exception of the photos which should be mailed or e-mailed (not faxed).