

# West Slope Recovery, Inc.

## ADMISSION BOOKKEEPING FORM

Admission Date \_\_\_\_\_

Client Name \_\_\_\_\_

Client Log # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Secondary/Message # \_\_\_\_\_

DSM IV Code \_\_\_\_\_ Primary Counselor \_\_\_\_\_

Payment Method \_\_\_\_\_ County \_\_\_\_\_ Private charges \$ \_\_\_\_\_

Authorization Date Start: \_\_\_\_\_ End Date \_\_\_\_\_

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### Change in Status

Effective this date \_\_\_\_\_ the following changes in status will occur

Date Billing notified: \_\_\_\_\_

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Effective this date \_\_\_\_\_ the following changes in status will occur

Date Billing notified: \_\_\_\_\_

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Effective this date \_\_\_\_\_ the following changes in status will occur

Date Billing notified: \_\_\_\_\_