





**Medical Information**

NOTE: If you have not had a physical exam within the past 12 months, you will need to schedule one before entering the Program. Please have your physician fill out the PHYSICAL EXAM FORM which can be downloaded from this web site.

List any major illnesses, operations, or injuries that you have had with dates:

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Do any of these illnesses or injuries affect your physical strength or mobility?  
If yes, in what way?

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Please list any medications you have been prescribed for these illnesses or injuries:  
Drug                                      Dosage                                      Date Prescribed                                      For How Long?

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When was the last time you saw a dentist? \_\_\_\_\_  
When was the last time you had your teethe cleaned and a routine dental exam?

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**We do not have resources available to provide medical or dental care. If emergency work is needed, you will be required to meet the financial obligation at the time of service.**

**Who will be responsible financially for any medical or dental emergencies?**

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| Name (first & last) | Relationship |
|---------------------|--------------|
| _____               | _____        |

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|                                 |  |
|---------------------------------|--|
| Home Telephone (with area code) | Alternative Telephone (with area code) |
|---------------------------------|--|

***Psychological History***

Have you received any kind of counseling for symptoms of depression, anxiety, bi-polar disorder, or schizophrenia? Yes No

If Yes, please give dates and how you would rate the outcome of the counseling you received:

| When  | How long did you attend | Outcome |
|-------|-------------------------|---------|
| _____ | _____                   | _____   |
| _____ | _____                   | _____   |
| _____ | _____                   | _____   |

Have you ever been admitted to a psychiatric hospital? Yes No

If Yes, please give hospital names, dates of admission/discharge, and how you would rate the outcome of the treatment you received:

| Hospital | Date admitted | Date discharged | Outcome |
|----------|---------------|-----------------|---------|
| _____    | _____         | _____           | _____   |
| _____    | _____         | _____           | _____   |
| _____    | _____         | _____           | _____   |

Where you committed to be hospitalized, or did you enter voluntarily?

If committed, briefly explain the reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been prescribed medication for depression, anxiety, bi-polar disorder, or schizophrenia? Yes No If Yes, please provide the following information (to the best of your recollection):

| Name of Drug | Dosage | Date Prescribed | How long did you take it? |
|--------------|--------|-----------------|---------------------------|
| _____        | _____  | _____           | _____                     |
| _____        | _____  | _____           | _____                     |
| _____        | _____  | _____           | _____                     |

Have you ever had thoughts of injuring yourself or suicide? Yes No

If Yes, please describe these incidents and when they took place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had thoughts of injuring someone else? Yes No  
If Yes, please describe these incidents and when they occurred: \_\_\_\_\_

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Have you ever had a severe emotional upset? Yes No If Yes, describe: \_\_\_\_\_

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Circle any of the following words you believe best describe you:

|           |            |            |                |                |
|-----------|------------|------------|----------------|----------------|
| Ambitious | Often blue | Extrovert  | Self-confident | Hardworking    |
| Excitable | Likeable   | Persistent | Imaginative    | Leader         |
| Quiet     | Nervous    | Calm       | Fearful        | Self-conscious |
| Impatient | Sensitive  | Submissive | Shy            | Lonely         |
| Angry     | Moody      |            |                |                |

How would you describe your greatest strengths: \_\_\_\_\_

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How would you describe your greatest weakness: \_\_\_\_\_

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**Addiction History**

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Have you ever abused illegal drugs?    Yes    No

If Yes, please provide the names and frequency information for these drugs:

(Check as many as apply)

| Drug  | daily | weekly | monthly | rarely | Last usage date? |
|-------|-------|--------|---------|--------|------------------|
| _____ |       |        |         |        |                  |
| _____ |       |        |         |        |                  |
| _____ |       |        |         |        |                  |

Have you ever abused prescription drugs?    Yes    No

If Yes, please provide the names and frequency information for these drugs:

(Check as many as apply)

| Drug  | daily | weekly | monthly | rarely | Last usage date? |
|-------|-------|--------|---------|--------|------------------|
| _____ |       |        |         |        |                  |
| _____ |       |        |         |        |                  |
| _____ |       |        |         |        |                  |

Have you ever abused over-the-counter medication?    Yes    No

Please list all OTC medications that you have abused: \_\_\_\_\_  
\_\_\_\_\_

Have you ever abused alcohol?    Yes    No

If Yes, when was your first drink? \_\_\_\_\_

Over the years, how would you describe the frequency of your alcohol abuse? (binging; daily; several times a week; social drinking; drinking in isolation, etc.)?

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

How long was your longest period of sobriety from alcohol? \_\_\_\_\_

When was that? \_\_\_\_\_

What caused you to relapse then? \_\_\_\_\_

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

***Addiction Treatment History***

Have you ever been treated for your addiction? (Circle as many as apply)

|                       |     |    |
|-----------------------|-----|----|
| Detox                 | Yes | No |
| Out Patient Treatment | Yes | No |
| In Patient Treatment  | Yes | No |

Please list all addiction treatment facilities you have attended prior to coming to Glory Mansion:

| Name of Facility | When Admitted | When Discharged | Did you complete? |
|------------------|---------------|-----------------|-------------------|
| _____            |               |                 |                   |
| _____            |               |                 |                   |
| _____            |               |                 |                   |
| _____            |               |                 |                   |

Would you be willing to sign a release of medical information for these facilities to facilitate your recovery? Yes No

***Legal History***

Are you currently on probation, community service requirements, or any kind of court supervision? Yes No

If Yes, please give the terms of your probation, service requirements, or supervision:

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

(The terms of your probation/supervision must be transmitted to Glory Mansion before a final decision about your admission may be made.)

*Personal Commitment*

What is the primary problem in your life that has led to your interest in Glory Mansion? \_\_\_\_\_

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

Are you willing to implement and commit to a study and personal application of God's Word? Yes No If No, please explain: \_\_\_\_\_

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

If accepted to Glory Mansion, a minimum of 6 months commitment to this discipleship program is required.

If accepted to Glory Mansion, the applicant acknowledges financial responsibility must be addressed and arrangements made with the Program Director before the date of admission. (A FINANCIAL COMMITMENT FORM is required upon entry and can be downloaded from this web site.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE MAIL THIS COMPLETED APPLICATION FORM AND YOUR PERSONAL HISTORY LETTER TO THE FOLLOWING ADDRESS:**

**Glory Mansion  
Program Director  
P. O. Box 320202  
Cocoa Beach, FL 32932**