



CIRCLE OF FREEDOM

400 E 4th St * Seymour, IA 52590 * (641)414-2999 * Fax: 641-898-7579

APPLICATION FOR ADMISSION

Personal Information

Date: _____

Gender at Birth: Male Female

Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Date of Birth: _____

Email address: _____

Are you a United States Citizen? Yes No

Do you have a Social Security card? Yes No

Do you have a valid Driver's License or State-Issued ID? Yes No

Please include copies of ID and SS card with application; if you do not currently have these, you will be required to obtain them before entry into the program. If you need help getting this, please ask us.

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Home Phone: (_____) _____ Work Phone: (_____) _____

Email address: _____

Marital History/Family Background

- Marital Status:
- Single
 - Separated
 - Married
 - Widowed
 - Divorced
 - Common Law
 - Remarried
 - Engaged or Significant Other

Spouse's name: _____ (If you are currently married, provide copy of marriage certificate)

List children and their age:

<i>(Name of child)</i>	<i>(Age)</i>	<i>(Where/with whom child is living)</i>

Marital History/Family Background (cont.)

Name of boyfriend or fiancé: _____

Length of time together and intentions for relationship: _____

Education/Military History

Do you have your High School diploma? Yes No GED/HSED

Date and Location: _____

Please provide a copy of your high school diploma or GED/HSED certificate; if you do not have documentation, you will be required to enroll in our HSED program.

Do you have any college, technical or trade school attendance? Yes No

Date and Location: _____

Certificate/Degree(s) earned: _____

Have you ever been diagnosed with a learning disability? _____ If yes, briefly describe: _____

Military Service: Air Force Navy
 Army Marines
 Coast Guard None

Years served, MOS, discharge details: _____

Religious Background

Do you believe in God? Yes No

Would you describe yourself as a Christian? Yes No

Do you believe the Bible as the Word of God? Yes No

Do you pray? Yes No

Have you ever had a conversion experience with Jesus Christ? Yes No

(Born Again, accepted Jesus, etc.)

If yes, briefly describe your experience of salvation including time and place: _____

Do you currently have a home church? Yes No

Name: _____

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Pastor: _____

Do you understand the purpose of the program? _____

Do you have any responsibilities that would hinder your participation for a minimum of 12 months? _____

If yes, briefly describe: _____

Please describe your current life-controlling problems: _____

Please describe your current living conditions: _____

Legal Information

Are you currently incarcerated? Yes No

Name of Facility: _____

Address: _____
Street Address City State Zip Code

Do you currently have any legal charges pending? *(Explain in detail below)* Yes No

Attorney's Name: _____
Address: _____
Street Address City State Zip Code
Phone: (_____) _____ Email: _____

Do you currently have any outstanding warrants? Yes No

Have you ever been *charged* with a violent offense or assault? Yes No

Are you currently on probation or parole? Probation Parole None

Length of remaining supervision? _____

Probation/Parole Officer: _____
Address: _____
Street Address City State Zip Code
Phone: (_____) _____ Email: _____

Previous convictions: *(Explain in detail below)* Misdemeanor Felony None

Arrests for habitual offenses: *(Explain in detail below)* Yes No

Legal Information (cont.)

Have you ever been charged or convicted of a sexual offense: *(Explain in detail below)* Yes No

Are you required to register as a sexual offender: *(Explain registration below)* Yes No

Medical History

Are you a nicotine user (cigarettes, vape, chew, etc.)? Yes No

Have you ever engaged in homosexual activity? Yes No

Are you currently pregnant? Yes No N/A

Are you currently clean and sober? Yes No

Do you have any body piercings? Yes No

Only earrings are permitted; other body piercings must be removed prior to program entry.

Do you have any allergies (food, medication, etc.)? *(Explain in detail below)* Yes No

Do you currently take any medications? *(List in detail below)* Yes No

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication

Dosage

Purpose

Do you have activity restrictions due to any medical conditions? *(Explain in detail below)* Yes No

Do you have any history of mental illness? *(Explain in detail below)* Yes No

Ever received treatment/counseling for emotional/mental/psychological conditions? Yes No

Have you ever had suicidal thoughts? _____ Are you currently having suicidal thoughts? _____

Please explain any current dental problems: _____

If you currently have health/dental insurance, please list all applicable information below:

Name of provider: _____

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Policy #: _____

Financial Information

Do you currently receive SSA, SSI or other governmental benefits? *(List amount/frequency below)* Yes No

Are you required to pay child support? *(List amount/frequency of payments below)* Yes No

Referral Information

Who referred you to Circle of Freedom? _____

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Relationship to you: _____

Application Signature

By signing and dating below, I am indicating that I have read and understand all items included in this Application for Admission, and that all information is true and accurate.

Non-Refundable Maintenance Payment Agreement

I, _____, the applicant, agree to reimburse Circle of Freedom \$750.00 of costs and maintenance necessary to process my entry into the program. I understand this payment is used to process my entry into the program and once paid, is non-refundable regardless of drop-out, dismissal or any other circumstance and regardless of my time in the program. Furthermore, I acknowledge that if a third party assists my payment of the maintenance costs through a scholarship, that the payment will similarly be non-refundable.

Applicant Signature

Date

Applicant Printed Name

Witness Signature

Date

Witness Printed Name

Circle of Freedom – Statement of Faith
Updated and Adopted December 9, 2022

One True God - We believe that there is one true God, who is the Creator, King, and Redeemer of all that exists, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit. God is all powerful, all knowing, and present everywhere. He is sovereign, just, holy, good, and merciful. (Deuteronomy 6:4, Isaiah 43:10-11, Matthew 28:19, Luke 3:22)

Jesus Christ - We believe in the deity of our Lord Jesus Christ, the only Begotten Son of God; that He was conceived of the Holy Spirit; we believe in His virgin birth, in His sinless life, in His miracles and teachings, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (Hebrews 1:3, Hebrews 7:26, Matthew 1:23, Matthew 24:30, Matthew 28:6, Acts 10:38, Ephesians 1:7)

Holy Spirit - We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and fulfill the God-given commission to carry on Christ's ministry on earth. The Holy Spirit regenerates, sanctifies, and empowers all who believe in Jesus Christ. He is our comforter, counselor, helper, teacher, and guide. (Acts 1:8)

The Bible – God's Holy Word - We believe the Bible, in the original text, is the inspired and infallible authoritative Word of God, which provides the only absolute truth and authority for Christian believers in all matters of faith and life. (1Thessalonians 2:13, 2 Peter 1:21)

Salvation - We believe that all people have sinned and therefore deserve the punishment for sin which is eternal death in hell. Man's only hope of redemption is through the shed blood of Jesus Christ the Son of God. Salvation is received through repentance toward God and faith toward the Lord Jesus Christ. By the regeneration and renewing of the Holy Spirit, being justified by grace through faith, man becomes an heir of God, according to the hope of eternal life. Salvation cannot be earned but is received by God's grace. (John 3:3, John 14:6, Ephesians 2:8, Titus 2:11)

Eternity - We believe in the bodily resurrection of the saved to eternal blessedness and joy, and of the lost to judgment and eternal conscious punishment. (Revelations Chapters 21 and 22)

The Church - We believe the purpose of the church (all believers) – is to evangelize the world by the fulfillment of the great commission, worship God, build up the body of saints being perfected in the image of His Son, and be His people who demonstrate God's love and compassion for all the world. (Acts 1:8, Ephesians 1:22-23, Ephesians 4:11-16, James 1:27)

Sexuality and Marriage - We believe and will teach our students the Biblical standards concerning romantic intimacy and gender/sexual identity, sex and marriage. This includes the truth that God created romantic intimacy and sexual relations to be shared only between one natural born man and one natural born woman who are joined together in the covenant of Holy Matrimony. (Genesis 2:18-25, Ephesians 5:21-33, Hebrews 13:4) We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary sexes together reflect the image and nature of God. Rejection of one's biological sex is a rejection of the image of God within that person. (Genesis 1:26-27, Deuteronomy 22:5) We believe that every person must be afforded compassion, love, kindness, respect, and dignity (Mark 12:28-31, Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the doctrines of the ministry.

Sacredness of Human Life - We believe that all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life. (Psalm 139)

Freedom - We believe that God alone holds the power to set us free from the bondage of sin, addictions, and compulsions that destroy the quality of life that God intends for us to live. (John 8:32, John 8:36, John 14:6) The same grace of God that brings us salvation and freedom compels us to love and obedience to God. (John 14)

Ministry to those Struggling with Life Controlling Addictions - We believe the biblical teaching and example of ministering to those who are imprisoned and those held captive by addiction. We believe in the restorative power of Jesus Christ and that consistently replacing wrong thought patterns with the truth of God's Word given in love can transform lives. (Psalm 68:5-6, Psalm 69:33, Matthew 25:34-40, Luke 4:18-19, Romans 12:2)

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APPENDIX A: STUDENT AGREEMENT (Page 1 of 2)

1. I, _____, state that I am seeking help at Circle of Freedom.
2. I state that I am currently _____ years of age, and that I am able to consent to my participation in this program in its entirety.
3. I have read, understand, and agree to abide by Circle of Freedom's Student Guidelines.
4. I have read and understand Circle of Freedom's Statement of Faith and agree to respect and abide by it at all times while I am a student with Circle of Freedom including while I am on passes away from the center. I understand that the Statement of Faith is not all-inclusive and understand that Circle of Freedom has moral teachings based on its Statement of Faith and Biblical interpretation. I agree to abide by those moral teachings, as well.
5. It is my intention to complete the 12-month minimum Circle of Freedom residential discipleship program.
6. I release to Circle of Freedom the right to search, read and withhold my mail in the manner explained in the Student Guidelines.
7. I release to Circle of Freedom the right to conduct a room search without warning.
8. I release to Circle of Freedom the right to make a thorough search of my person and belongings on the day of admission.
9. I understand that I am required to detox from drugs, alcohol, and nicotine prior to entering Circle of Freedom. I agree to detox from drugs, alcohol, and nicotine prior to entering Circle of Freedom.
10. I understand and agree to sign an "Authorization for the Disclosure of Health Information and Consent to Authorize Treatment" form as part of my admission process if accepted into this program.
11. I understand that Circle of Freedom will not be held responsible for any of my personal property that is lost or stolen while I am in the program. When leaving Circle of Freedom, I understand that all of my personal property must be taken with me or it will be disposed of after a 7-day waiting period. Any unclaimed funds remaining on a student account following departure from the program will be submitted to the state as unclaimed property.
12. I hereby release Circle of Freedom from all financial and legal responsibilities in case of accident, injury, illness or other misfortune that I may experience as a student/resident at Circle of Freedom that is not caused by Circle of Freedom's gross negligence.
13. Any items that are brought to Circle of Freedom that are listed under "Forbidden Items" in the Student Guidelines will be discarded or sent home at my personal expense.
14. I agree to submit to the authority of all staff members, volunteers, and interns.
15. I release to Circle of Freedom the right to speak freely with the persons listed below, as indicated by the corresponding section in the written application: Emergency Contact, Spouse, Attorney, and Probation/Parole Officer.
16. I understand the staff and volunteers of Circle of Freedom are not professional counselors and are not licensed or certified by any state entity. They are committed Christians who will share their honest opinions, advice and counsel based on Biblical principles.
17. I understand that Circle of Freedom policy is to maintain the confidentiality of all private communications between Circle of Freedom staff, volunteers, and myself. Generally, such confidential communications will not be disclosed to third-persons outside Circle of Freedom, including my family members, unless required by law or as otherwise described in the Student Guidelines. Circle of Freedom has no duty to notify or inform my family members about any problems discussed in counseling. If Circle of Freedom staff do make such disclosures as they believe are in my best interest, I waive any objection to such disclosures.
18. In consideration for the opportunity to obtain this help, I promise that I will not take any legal action in the future for anything said, done or omitted by the organization of Circle of Freedom, their board members, staff, volunteers, agents or family members during this program. I agree to hold Circle of Freedom, their board members, staff, volunteers, agents and family members harmless for any legal claims of negligence or damage of any sort, which a person could assert related to the Circle of Freedom program.
19. I understand that if I need Circle of Freedom to provide transportation to personal appointments, funds will be withdrawn from my personal account to cover transportation costs. (Please refer to the Student Guidelines for the complete policy)
20. I agree to complete any forms necessary to allow Circle of Freedom to receive information regarding my medical care while I am engaged in the program.
21. I understand that Circle of Freedom is not a medical or psychiatric facility and does not provide medical or psychiatric care.

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APPENDIX A: STUDENT AGREEMENT (Page 2 of 2)

By signing and dating below, I am indicating that I have read and understand all items included in the Circle of Freedom Student Guidelines and this Application for Admission and agree to abide by all items listed.

Applicant Signature

Date

CIRCLE OF FREEDOM

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APPENDIX B: ACKNOWLEDGEMENT OF STATUS AS STUDENT & VOLUNTEER AND WORK ASSIGNMENTS

Student Applicant Statement:

I understand that if I am admitted as a student, I will be required to participate in the Circle of Freedom Work Therapy Program.

I acknowledge that I have read and fully agree with the Circle of Freedom description of its Work Therapy Program as described in the Student Guidelines, which addresses the importance of work assignments in helping create in me the value of a good work ethic and the character of a responsible, upright individual.

I understand that if I am admitted, I will be performing work assignments not as an employee of Circle of Freedom, but solely for my benefit, to advance my growth, maturity, character development, recovery from controlled substances, and readiness to reenter the workplace.

Accordingly, by submitting this Application, I am not applying for a position of employment, and if admitted, I understand I will not be receiving any compensation or in-kind benefits in exchange for the performance of any work assignments.

I further understand that if I fail to perform my work assignments, Circle of Freedom may revoke my status and privileges as a student. It is understood that performance of work assignments is not the consideration for the receipt of such status and benefits, but because each student's participation in the Work Therapy Program is a necessary and vital part of the recovery process.

- 1) I will not execute any agreement with the entity that will be providing immediate supervision over my work assignments.
- 2) I will not file any claim or take any action individually or with others for recovery of wages or other benefits in conjunction with my work assignments.
- 3) I will contribute at least 50% of income I receive from public benefits (e.g., Social Security, disability, etc.), unemployment, benevolence assistance, charitable gifts, or other means of assistance I receive in conjunction with my participation as a student and/or during my term as a student at Circle of Freedom to help defray the costs of my participation, provided that it is consistent with the law.

By signing and dating below, I am indicating that I have read and understand all items included in the Circle of Freedom Acknowledgement of Status as Student and Volunteer and Work Assignments and agree to abide by all items listed.

Applicant Signature

Date

CIRCLE OF FREEDOM

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 APPENDIX C: INTAKE DAY

Documentation for Intake Day:

- Valid Driver’s License/State ID Card
- Social Security Card – or – recent receipt of application for replacement
- Marriage license/certificate (if currently married)
- High school diploma or GED/HSED certificate (if you do not have documentation, you will be required to enroll in our HSED program)
- Medical Insurance Card (if insured)
- \$750.00 Reimbursement of costs and maintenance – cash, money order, cashier’s check
- Student Account Funds (if desired)

Personal/Clothing/Hygiene Items:

We do not maintain storage space for excess clothing. Students who arrive with an excess amount of clothing for available space (2 storage totes under bed, 42” of hanging space) will be asked to return items home or send them home at their own expense. Students who do not have all the items listed will have access to new/donated items in our facility to help fulfill needs if necessary.

Your person, bags, and possessions will be searched upon intake and all clothing items will be laundered in our onsite laundry.

Pants: Jeans (Work & Casual), dress pants, Skirts/Dresses	Toothbrush/toothpaste
Shorts: Work & Casual (Must be long enough to reach the end of your middle finger when arm is extended straight to your side)	Razors (electric or standard), shaving cream
Shirts: Dress, Casual, t-shirts (Nothing inappropriate including spaghetti straps/strapless, revealing cleavage, belly, or bra straps. If your belly shows every time you raise your arms, it isn’t appropriate. If your cleavage shows when you bend over, it isn’t appropriate.)	Shampoo/Body Wash/Soap (no loofahs/body scrubbers)
Sleepwear - Shorts or pants and a full-coverage shirt are required for sleepwear	Deodorant (no aerosols)
Underwear/Socks	Bible – recommended translations – NKJV, NLT, NIV, NIRV
Shoes: Dress, Casual, Tennis, and Shower (flip flops/sandals must be used)	Notebooks/Notebook paper, Journal
Cold weather gear – coats, hats, gloves	Postage stamps/envelopes
NO aerosol products or products containing alcohol	Photos (<i>Up to 5 photos of immediate/church family, 4x6 or smaller</i>)
Q-Tips	Pens/Pencils/Highlighters
Nail Clippers	Phone calling card for long distance calls (if applicable)

Please do not bring any of the following items with you on the day of intake – you will be asked to have them returned home with your family or to send them home at your expense:

- | | |
|--|---|
| Jewelry – exception wedding ring and watch (not smart watch) | Expensive clothing items |
| Electronic games | Clothing with drug/alcohol/sexual references, etc. |
| Cameras | Perfume/Body Spray |
| Cell phones, PDA devices | Board games/playing cards |
| Photos/Photo frames larger than 4x6 | Personal laundry detergent |
| Personal towels | Any books, CDs or other media (Bible/devotionals allowed) |
| Credit/Debit/Cash Cards, Gift cards | Personal tools |

By signing and dating below, I am indicating that I have read and understand all items included in the Circle of Freedom Appendix D: Intake Day and agree to abide by all items listed.

 Applicant Signature

 Date

CIRCLE OF FREEDOM

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APPENDIX D: FINANCIAL ASSISTANCE APPLICATION

A limited amount of financial assistance is available for those who cannot afford to participate in Circle of Freedom. Applicants requesting financial aid are requested to first exhaust other sources such as parents, relatives and their home church. Please complete this Financial Assistance Application entirely so we can begin to help you allocate the necessary resources.

Table with columns: ASSETS, VALUE, INCOME, AMOUNT, FREQUENCY. Rows include Cash on hand & Checking, Savings, Investments, Life Insurance cash value(s), IRA's, Pension & Profit Sharing, Home, Land, Business Valuation, Automobile(s), Motorcycle, boat, camper, ATV, etc., Furniture and other personal property, Other sources of income, and TOTAL ASSETS.

LIABILITIES

Table with columns: Source, Amount, Frequency. Rows include Rent/Mortgage, Utilities, Vehicle(s), Consumer Loan(s), School Loan(s), Restitution/Fines, and blank rows.

It costs on average about \$2,000.00 per month to house, feed and serve each Circle of Freedom student. How much of the monthly \$2,000.00 cost can you afford? _____

By signing and dating below, I am indicating that I have read and understand all items included in the Circle of Freedom Financial Assistance Application and affirm that all information included is forthright and accurate.

Applicant Signature

Date

CIRCLE OF FREEDOM

400 E 4th St * Seymour, IA 52590 * (641)414-2999 * Fax:(641)898-7579
APPENDIX E: INITIAL AND SIGNATURE PAGE

Initial each item below to acknowledge you have read and agree to abide by the following documents:

- _____ Application for Admission (pages 1-5)
- _____ Appendix A: Student Agreement
- _____ Appendix B: Acknowledgement of Status as Student & Volunteer Work Assignments
- _____ Appendix C: Intake Day
- _____ Appendix D: Financial Assistance Application

Notary Public: Please ensure Appendices A-D have been signed and dated by the applicant in your presence before proceeding.

I certify under penalty of perjury and the laws of the State of Iowa that the forgoing statements are true and correct.

Signature: _____ Date: _____

State of: _____ County of: _____

Subscribed and sworn before me by: _____

On this _____ day of _____ 20_____

Notary Public Signature and Seal: _____

My commission expires: _____

<u>Requirements for Application:</u>	Fully completed application, including all signatures and notary \$20 cost of application Scheduling a phone interview with Admissions Coordinator
<u>Requirements for Admission:</u>	All applicable costs Current, valid State/Photo ID, SS card, and other applicable documents Physical exam with lab work Any other necessary documents as determined by Admissions Coordinator



Circle of Freedom

Physical Exam Form

Name: _____ SSN: ____ / ____ / ____

Signature for Release: _____ Date: _____

Exam Date: _____

Date of Birth: ____ / ____ / ____

Gender: Male Female

Social History: Single Married Divorced Widow

Past Surgical History

Date	Type of Surgery	Name of Surgeon/Hospital

List all History of Psychological Diagnosis

Date	Psychological Diagnosis	Name of Doctor

List all History of Psychiatric Disorder Hospitalizations

Date	Diagnosis/Treatment/Explanation	Name of Doctor/Hospital

Have you ever attempted suicide? No Yes, explain below for each attempt.

Date	Circumstances - Were you hospitalized?

Below this line for medical staff only

Height: _____
 Weight: _____
 Hair Color: _____
 Eye Color: _____
 Ambulatory:
 Non-Ambulatory:

Required Labs	Result
TB:	_____
Hepatitis A B C:	_____
HIV:	_____
CBC:	_____
Tetanus:	_____
Pregnancy:	_____
PAP:	_____

Please check any conditions requiring further medical treatment:

- | | | | | |
|---------------------------------|----------------------------------|---------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Dental | <input type="checkbox"/> Extremities | <input type="checkbox"/> Lymph | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Neck | <input type="checkbox"/> Bones/joints | <input type="checkbox"/> Lungs | <input type="checkbox"/> Vascular Back |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Neurological | <input type="checkbox"/> Heart | <input type="checkbox"/> Genital |
| <input type="checkbox"/> Throat | <input type="checkbox"/> Skin | <input type="checkbox"/> Back | | <input type="checkbox"/> Rectal |

Comments: _____

List all medications the applicant is currently taking:

	Medication/Dosage	Purpose
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

Does this applicant have a medical condition that might endanger the health of staff or students in our program?

Yes No Explain: _____

Is there any reason why this applicant should not assist in the preparation of food or medical services?

Yes No Explain: _____

Health History

Allergies: _____
 Diet: _____
 Glasses: _____
 Contacts: _____
 Dentures: _____
 Hearing Aid(s): _____

Ever withdrawn from alcohol? _____
 Ever withdrawn from chemicals? _____
 How many times in detox? _____
 How many times in outpatient treatment? _____
 How many times in inpatient treatment? _____
 Date of last drug/alcohol use: _____

	Yes	No		Yes	No
Headaches	_____	_____	Starvation	_____	_____
Dizziness	_____	_____	Weight loss	_____	_____
Difficulty seeing	_____	_____	Nausea	_____	_____
Difficulty hearing	_____	_____	Chest Pain	_____	_____
Frequent earaches	_____	_____	Palpitations	_____	_____
Hallucinations	_____	_____	Heartburn	_____	_____
Shortness of breath	_____	_____	History of high blood pressure	_____	_____
Chronic cough	_____	_____	Numbness of hands, etc.	_____	_____
Frequent colds	_____	_____	Liver disease	_____	_____
Sinusitis	_____	_____	Abdominal cramps	_____	_____
Dental problems	_____	_____	Diarrhea	_____	_____
Bleeding gums	_____	_____	Constipation	_____	_____
Seizures	_____	_____	Hemorrhoids	_____	_____
Loss of appetite	_____	_____	Frequent urination	_____	_____
Compulsive eating	_____	_____	Painful urination	_____	_____
Induced vomiting	_____	_____	Burning with urination	_____	_____
Vomiting	_____	_____	Blood in urine	_____	_____
Eating disorders	_____	_____	Black, tarry stools	_____	_____
Anemia	_____	_____	Jaundice	_____	_____
Arthritis	_____	_____	Lice/Crabs	_____	_____
Athletes foot	_____	_____	Rashes	_____	_____
Blood disorder	_____	_____	Skin problems	_____	_____
Bruise easily	_____	_____	Slow healing	_____	_____
Cancer	_____	_____	STD	_____	_____
Diabetes	_____	_____	Tuberculosis	_____	_____
Dry Skin	_____	_____	Unusual discharge	_____	_____
History of infection	_____	_____			

Physician's Name: _____

Physician's Signature: _____

Name of Practice: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ - _____

Fax Number: () _____ - _____

Please Fax or Mail both pages of this form and lab results to:
 Circle of Freedom - Admissions
 400 E 4th St
 Seymour, IA 52590
 Phone: (641)414-2999
 Fax: (641)898-7579