



Knew Creations Christian Counseling
210 N. Auburn
Farmington, NM 87401
505-402-6886
knewcreationsnm@gmail.com

8-Week Intensive Outpatient Program (IOP)

Program Application

Program Overview

- **Program Name:** Biblically and Evidence-Based 8-Week Substance Abuse IOP
 - **Program Duration:** 8 Weeks (3 sessions per week; 2-3 hours per session, Initial Assessment and 8 individual sessions)
 - **Location:** 210 N. Auburn Farmington, NM 87401
 - **Program Cost:** \$5,675
-

Participant Application

1. Personal Information

Full Name:

Date of Birth:

Age:

Phone Number:

Email Address:

Address:

Emergency Contact Name:

Phone:



Knew Creations Christian Counseling
210 N. Auburn
Farmington, NM 87401
505-402-6886
knewcreationsnm@gmail.com

2. Referral Information

- **Who referred you to this program?**

(Check one):

- Legal Agency (Court, Probation, Parole)
- Treatment Provider
- Self-Referral
- Family or Friend
- Church or Faith-Based Organization

- **If referred by a legal entity:**

- **Agency Name:** _____
- **Contact Person:** _____
- **Phone Number:** _____
- **Are there specific legal recommendations for your participation?**
 Yes No
If yes, please explain: _____

3. Substance Use History

Please answer honestly to ensure you receive appropriate care and support.

1. **Primary Substance of Use:** _____
2. **Other Substances Used:** _____
3. **Frequency of Use (past 30 days):** _____



Knew Creations Christian Counseling
210 N. Auburn
Farmington, NM 87401
505-402-6886
knewcreationsnm@gmail.com

4. **How long have you been using this substance?** _____

5. **Have you previously completed treatment?**

Yes No

If yes, where and when? _____

6. **Are you currently in recovery or sobriety?**

Yes, for _____ days/months/years.

No

4. Medical and Mental Health Information

1. **Do you have any diagnosed mental health conditions?**

Yes No

If yes, please list: _____

2. **Do you have any physical health conditions that may affect participation?**

Yes No

If yes, please list: _____

3. **Are you currently taking any prescribed medications?**

Yes No

If yes, list medications: _____

Please email or fax Referral to Knew Creations at: Kitrina@knewcreationsnm.com
or 505-675-2723.