



**S Y N E R G Y**  
**T R E A T M E N T C E N T E R S**

**Application Form**

Applicant Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Alcohol and Drug History** 

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**Civil and Criminal History (include past convictions and pending cases).**

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**Physical and Mental Health History (medications taken within the past 5 years and past and present mental diagnosis)**

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**Why is long term treatment desired?**

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Application may be submitted:

Admissions  
2305 Airport Interchange Ave.  
Memphis, TN 38132

Fax 901-332-9844

Email [synergy@synergyc.org](mailto:synergy@synergyc.org)