



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

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

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

Why is long term (one year) treatment desired?

Application may be submitted to:

Admissions
2305 Airport Interchange Ave.
Memphis, TN 38132

Fax 901-332-0477

Email synergy@synergytc.org