

INFORMATION FORM



Name: _____ Date: _____

Tel: _____ Cel: _____ Email: _____

Social Security #: _____ Drivers License: _____

Veteran: ___ Yes ___ No Birthdate: ____ / ____ / ____ Ethnicity: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced

Sobriety Date: _____ Referred by: _____

Address of Referent: _____

Work Phone of Referent: _____

In Case of Emergency, Please Notify:

#1 Name: _____ Relationship: _____

Address: _____

Tel (Res): _____ Tel (Work): _____

#2 Name: _____ Relationship: _____

Address: _____

Tel (Res): _____ Tel (Work): _____

Recovery Information:

Did you use: ___ Alcohol? Drugs? ___ Both? ___ Comments: _____

List drugs used in last three years: _____

I have been clean and sober since: _____

Name of Recovery Program I was in: _____

My Counselor's Name: _____ Tel: _____

Health Information: My last physical checkup was: _____

I am taking the following medications: _____

List any medical problems: _____

Physician: _____ Tel: _____

Physician's Address: _____