

Name _____

Date of Birth _____ SSN: _____ Phone: _____

Current Address _____

City _____ State _____ Zip Code _____

Sober History

Last Treatment Center _____

Address _____

City _____ State _____ Zip Code _____

Sober Date (mm/dd/yy) _____ Home Group _____

Sponsors Name _____ Phone _____

Have you lived in a sober house before _____ Yes No If yes, provide the name and

Address _____

Reason for leaving _____

Social History

Status – Single _____ Married _____ Separated _____ Divorced _____

Children _____ Custody _____ In Care of _____

Emergency Contact

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Work _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Work _____

Employment

Current Employer _____ Position _____

Employer Address _____

Phone _____ Days/Hours _____

If not employed explain _____

Assistance/Supplemental Income _____

Aftercare

Aftercare Facility _____

City _____ State _____ Zip Code _____

Counselor _____ Phone _____

Therapist _____ Phone _____

Probation Officer _____ Phone _____

Legal Charges Pending _____ Date _____

City _____ State _____ Zip Code _____

Medical History

Physician _____ Phone _____

City _____ State _____ Zip Code _____

Insurance _____

ID # _____ Group # _____

City _____ State _____ Zip Code _____

Allergies _____

Medications

RX _____ Dosage _____ Physician _____

RX _____ Dosage _____ Physician _____

RX _____ Dosage _____ Physician _____

RX _____ Dosage _____ Physician _____

RX _____ Dosage _____ Physician _____

