

Email _____

Phone: () -

Fax: () -

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Driver's License: _____ State: _____

Phone #: _____ Email: _____

Social Security # _____ Marital Status: _____ Current Living Situation: _____

RECOVERY INFORMATION

Are you and Alcoholic? **Y** **N** Drug addict? **Y** **N**

Drug(s) of Choice: _____

Currently/recently in treatment? **Y** **N** Name & Location of Facility: _____

Did you complete successfully? **Y** **N** Discharge Date: _____ Name of Counselor: _____

How do you plan to maintain your sobriety?

Who referred you to Good Shepard Recovery House? (*Name, Relationship & Phone*)

Do you attend 12-step meetings? (A.A., N.A., etc.) **Y** **N** If so, which ones?

Do you have a sponsor? **Y** **N** Sponsor Name and Phone #: _____

Have you previously lived in a recovery/sober house? **Y** **N** When/How long?

Why did you leave?

Why do you want to live at the Good Shepard Recovery House?

EMPLOYMENT INFORMATION

Are you employed? Y N **If Yes, Name & Location of Employer:**

Job Title: How Long Employed? Current Monthly Income:

What other types of work have you done?

Special Skills/Training:

If No, how long since last employed?

Are you willing/able to get a job 30 days following intake date? Y N

Are you willing/able to be self-supporting? Y N

Will someone else be helping you pay rent or intake fee? Y N

Name/Relationship: Phone #:

Street Address: City:

State: Zip:

LEGAL INFORMATION

List All Pending Charges/Cases/Warrants:

Ever been incarcerated? Y N When/How Long?

Reason:



Name & Location of Facility(s):		
Currently on probation/parole? Y N	Location of Office:	
Name of Officer:	Contact Phone #:	Are you a registered sex offender? Y/N
List Felony <i>Convictions</i> :		
MEDICAL INFORMATION		
List All Medical/Psychiatric Conditions:		
List All Current Medications:		
Describe Any Injuries/Disabilities:		
Describe Physical Limitations Resulting from Disabilities:		
Name of Physician:		
Are you receiving Suboxone, Subutex, Methadone, Vivitrol, Antabuse, etc.? Y N		



if so, what (*list all*)?

Physician Prescribing:

EMERGENCY CONTACTS (*LIST TWO*)

Name: Relationship: Phone:

Street Address: City: State: Zip:

Name: Relationship: Phone:

Street Address: City: State: Zip: