

Intake Form

Name **Date of Birth** **Today's Date**

Social Security # **DL #** **Cell Phone #**

My drug(s) of choice (including alcohol) are?

I have been diagnosed as a drug addict or an alcoholic? _____yes _____no

I understand that Twelve-Step Recovery is a MUST to stay here? _____yes _____no

Sex Offender? _____yes _____no

Facility/place that I am coming here from?

Medications, including doses, I am currently taking?

Upcoming court dates, probation, drug court, pre-trial, etc:

Emergency Contact:
Name: _____

Phone #: _____

By signing this, I acknowledge that all above information is accurate and true

Signature **Date**