RECOVERY HEALTHCARE CORPORATION
TREATMENT: PERSONAL DATA FORM

For Office Use Only
☐ NEW CLIENT ☐ CLIENT RENEWAL ☐ CLIENT UPDATE
CLIENT NETSUITE I.D.# _____
☐_____Court Order - ☐N/P ☐_____Payment
☐_____Identification - ☐N/P ☐_____Picture
☐_____BrAC _____ Level ☐_____Scanned Contract

For Office Use Only
☐ Phase I ☐ Phase II ☐ Phase III ☐ Aftercare
☐ DWI I ☐ DWI Basic Course ☐ WEST ☐ BIPP
☐ DOEP ☐ Anti-Theft ☐ Anger Management I
☐ Anger Management II ☐ MJ Intervention
☐ Parenting Class ☐ Other: _____
☐ Drug Patch ☐ UA ☐ GPS ☐ SCRAM CAM
☐ SCRAM RB ☐ Soberlink ☐ Interlock
☐ RF ☐ Other: _____

DATE: _____ **(Contract must be accurate and complete. Enter N/A in any field that does not apply)**

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

SOCIAL SECURITY: _____-_____-_____ DL/ID NUMBER: _____ STATE: _____

DATE OF BIRTH: _____ AGE: _____ SEX (Circle): M / F

HEIGHT: _____ WEIGHT: _____ ETHNICITY: _____

PRESCRIBED MEDICATIONS (Usage/Dosage): _____

_____

EMPLOYER NAME AND ADDRESS & PHONE: _____

OCCUPATION: _____ WAGE (salary/hourly): _____

WORK SCHEDULE, DAYS & HOURS: _____

MILITARY SERVICE (Circle): Y / N BRANCH:_____

EMERGENCY CONTACTS:

1) _____ RELATIONSHIP: _____ PHONE: _____

2) _____ RELATIONSHIP: _____ PHONE: _____

3) _____ RELATIONSHIP: _____ PHONE: _____

JUDGE: _____ COUNTY: _____ COURT #: _____

CAUSE #/CID # _____ NEXT COURT DATE: _____

WHAT IS YOUR SUPERVISION LEVEL? (Circle) PROBATION/ PAROLE/ PRETRIAL/ BOND/ PHASE 1 – 2 – 3 – 4 – 5

SUPERVISING OFFICER: _____ PHONE: _____NEXT APPT. DATE: _____

SUPERVISING OFFICER ADDRESS: _____ EMAIL: _____

ARE YOU CURRENTLY CHARGED WITH AN OFFENSE? (Circle) Y / N IF YES, WHAT IS CHARGE? _____

ATTORNEY: _____ PHONE: _____ EMAIL: _____

PARTICIPANT SIGNATURE: _____ DATE: _____

By signing this document I acknowledge that all of the information that I provided is accurate and true.

PRESENT MARITAL STATUS:

___never married ___married ___ separated ____divorced

___widowed ___other, specify _____

If married, how long? _____ Married how many times? _____

Number of Children: _____ Their ages: _____, _____, _____, ____, ____

How many years of schooling have you completed? _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Certificate received/Graduated with (circle):

None GED HS diploma Bachelors Masters Doctorate

What type of work have you been trained to do? _____
_____

List the types of jobs you have held and reasons for leaving.
_____
_____
_____

Current Employment: Full Time___ Part Time___ Not Employed____ Disabled ___

If unemployed, how long? _____

Type of work you are seeking? _____
_____

Military History: Discharge Date: _____ Type of Discharge: _____
Rank at Discharge: _____

Combat History: _____Yes _____No
If yes, please explain: _____
_____

Have you ever attended any of the following courses in Texas: (Please check all that apply)

__DWI Basic Education Date(s) Attended: _____
__DWI Intervention (Repeat Offender) Date(s) Attended: _____
__Drug Offender Education Date(s) Attended: _____
__Drug Intervention Date(s) Attended: _____
__Theft Date(s) Attended: _____

INFORMATION CONCERNING THE ARREST THAT BROUGHT YOU HERE:

Date of arrest: _____ Time of arrest: _____
County of arrest: _____ Reason for arrest: _____
Speed you were traveling: _____ Lawful Speed: _____
Was an accident involved? _____Yes _____No
Was anyone injured? _____ Yes ___ No If yes, how many? _____
Was anyone killed? _____ Yes ___ No If yes, how many? _____

Did you take the Breath or Blood test? _____ Yes _____No
If yes, what were the results? _____
Previous arrest breath/blood test results: _____; _____; _____; _____

What was the status of your driver's license at the time of the arrest that brought you here?
___OK ____Revoked ____Suspended ____Business Purposes Only

Has your license ever been under any of these conditions? (including now)
_____suspended (_____ number of times)
_____revoked (_____ number of times)
_____business purposes only (_____ number of times)
If suspended or revoked, what were the reasons?_____
_____

PREVIOUS ARREST INFORMATION

How many times have you been arrested for **any** reason? _____
Please list all charges (DWI, Possession Charge, DWLS, PI, ASSAULT, ROBBERY, BURGULARY, PROBATION REVOCATION, THEFT, PROSTITUTION, AND ANY OTHERS THAT MAY APPLY), dates and case disposition information.

CHARGE DATE CASE DISPOSITION
_____
_____
_____
_____
_____
_____
_____
Number of arrests which involved alcohol/drugs: _____
Age at your first arrest: _____
Age at your first drug/alcohol-involved arrest: _____
AT WHAT AGE DID YOU BEGAN DRINKING? _____

Have you ever thought you might have a drinking problem? ____Yes ____No
Have you ever thought you might have a drug problem? _____Yes _____No

Do you feel your drinking or drugging has contributed to any family problems now or in the past?

_____ Yes _____ No. If Yes, please explain:

_____

_____

_____

Have you ever received help for either a drinking or drug problem?

_____Yes _____No _____ Not Applicable

If yes, please check the appropriate source:

_____Family Doctor _____Alcoholics Anonymous _____Church

_____Alcohol rehabilitation program

Name/Address_____

_____Drug rehabilitation program

Name/Address_____

_____Psychiatrist _____Relative _____

Agency (please give name) _____

_____Other (please explain) _____

EMERGENCY CONTACT: Name/Relationship to you:

_____

Address_____

Telephone: (W) _____ (H)_____

Signature_____

Date_____

SUBSTANCE ABUSE HISTORY

Check/circle all mood altering substances you are currently using or have used.

_____	ALCOHOL	_____	OPIATES Heroin, Methadone, Darvon, Morphine Codeine, Talwin, Dilaudid
_____	CANNABIS/ HASHISH Marijuana / Hashish	_____	STIMULANTS Amphetamines, Ritalin, Tenuate, Rital Preludin
_____	MINOR TRANQUILIZERS Valium, Librium, Serax, Tranxene Miltown, Equanil, Xanax	_____	PHENCYCLIDINE PCP
_____	COCAINE Mescaline	_____	HALLUCINOGENS LSD, DMT,
_____	SEDATIVES / BARBITUATES Secobarbital, Amytal, Placidyl, Doriden Noludar, Phenobarbital, Dalmane, Restoril Quaalude, Sopor	_____	INHALANTS

_____ OTHER (please list) _____

Substances primarily used (List in order of priority/preference of use: _____

_____

Normal Pattern of use/drinking (include frequency, amount, type of substances/alcohol):

_____

_____

_____

Where do you usually use alcohol/drugs? (Circle any that apply)

Party or social event Work Home by self-Home with family
with friends On the street Night Club

Other: _____

Check any of the symptoms/consequences of drinking/drug use you have experienced:

___ Tolerance change ___ Convulsions ___ Physical/Health Problems

___ Daily use for 2+ ___ Nausea/Vomiting ___ Emotional/Psychiatric Problems

___ Loss of control ___ Sweating ___ Personal Problems

___ Withdrawal symptoms Tremors/Shakes ___ Muscle Cramps ___ Job/School problems

___ Morning use ___ Diabetes ___ Legal problems

___ Blackouts/Memory loss ___ Hallucinations ___ DT's

___ passing out/Fainting ___ High blood pressure

Have you ever become involved in a self-help group followed by 3 months of continuous sobriety?
Name of group (AA, NA, church, etc):
_____
If AA/NA, which group _____
Date first attended (month/year): _____
Frequency of attendance (how many times per week): _____
Did/Do you have a sponsor? _____Yes _____No

Have you ever completed formal treatment? Yes ___No ___Not Sure____
If yes: Inpatient____Outpatient____Other_____
Number of times____
Dates: _____; _____; _____; _____
Name/Address of Facility
_____
_____
_____

Please describe any other periods of time you did not drink or use drugs other than noted above:
_____
_____
_____
_____

FAMILY HISTORY OF ALCOHOLISM/SUBSTANCE ABUSE AND PSYCHIATRIC PROBLEMS

PLEASE CIRCLE APPLICABLE RESPONSE:

	ALCOHOLISM/DRUGS			PSYCHIATRIC PROBLEMS		
1. Grandparents	Y	N	Unk	Y	N	Unk.
If you circled "Y", please circle which grandparent:						
Maternal Grandmother/Grandfather				Y	N	Unk. Paternal
Grandmother/Grandfather				Y	N	Unk
2. Mother	Y	N	Unk	Y	N	Unk
3. Father	Y	N	Unk	Y	N	Unk
4. Brother/Sister	Y	N	Unk	Y	N	Unk
5. Children	Y	N	Unk	Y	N	Unk
6. Current Spouse	Y	N	Unk	Y	N	Unk
7. Other Family:	Y	N	Unk	Y	N	Unk

If yes, please list relation to you, including stepparents or in-laws:

_____

If you answered yes above, please describe the type of substance dependence or psychiatric condition:

_____
_____
_____
_____
_____