

Victory Recovery Homes Intake form

Personal Information

Last name _____ First and Middle name _____ Date _____

Current/home/family address: _____

City: _____ State _____ Zip: _____

Resident phone number(s): _____

Date of Birth _____

How long would you like to stay in the Recovery home for? _____

Relationship Status circle 1: Single Married Widowed Married/Separated Divorced Dating Other

Are you employed? Yes or No\

If Yes, where _____

Phone number _____ Supervisor/contact name _____

Are you a Veteran Yes or no If yes, what branch _____

Who referred you to us? _____ Phone: _____

Family Information

Wife or girlfriends name and relationship status? _____

Phone: _____

Are you in contact with them? Yes or no

Any children? Yes or no How Many? _____ Kids mother? _____

Names and ages of Children _____

Family Support? Yes or No Names and relationship: _____

Do you plan on returning to family living situation when you leave? Yes or no

History of domestic violence or domestic battery? Yes or no If yes, explain? _____

Do you have a protection from abuse or restraining order against you or against someone else? Yes No

If yes, explain _____

Is Child Services Involved? Yes or No If yes, explain _____

Substance Use and Treatment History

Drug of Choice: _____ Frequency at peak use: _____ Last use: _____

List all other substances you have used: _____

Longest length of recovery days: _____ Months: _____ Years: _____

How many treatment experiences for substance dependence: _____

List Places and years to the best of your ability: _____

Do you have a Co-Occurring Disorder (emotional/mental Diagnosis): Circle Yes or NO

What is the Diagnosis/s: _____

Do you have including allergies, asthma, seizure disorder, diabetes, pacemaker, and other medical conditions that you would like to disclose? _____

Are you on any Medications: Circle Yes or No If Yes, List all: _____

Who is your Physician/s: Circle Yes or No List all: _____

Have you been hospitalized for a Psychiatric Diagnosis: Circle Yes or No

If Yes, list Institution/s and Date/s to the best of your ability: _____

Criminal History

Are you or will you be on Probation/Parole: Circle Yes or No If Yes, fill out the following:

County: _____ Probation/Parole Officer: _____

Probation/ Parole officers phone number: _____ office #: _____

Were you ever convicted of a Felony: Circle Yes or No If yes, what were the Charges: _____

Were you ever convicted of a misdemeanor: Circle Yes or No If yes, what were the Charges: _____

Any court dates pending? Circle Yes or No If yes, when & where: _____

What are the Charges: _____

Have you ever been convicted of a violent crime not listed above: Circle Yes or No

Signature of Resident: _____ Date: _____

Print name: _____

Signature of House Manager, or oversight member: _____

Print Name: _____ Date: _____