

**Recovery Trail
Screening Application for Admission**

Date _____

Full Name _____

Current Address _____

Phone Number _____

Date of Birth _____

Email Address _____

Emergency Contact _____

Phone Number _____

I UNDERSTAND RECOVERY TRAIL MAY CONTACT THE EMERGENCY CONTACT initial____

What are your primary drugs of choice?

When was the last time you used? _____

How long have you been using? _____

Can you pass a drug test today? Yes No

Have you ever been to treatment, if so where and when. Did you successfully complete treatment?

If you are currently seeing a counselor, and what is your counselors name?

_____ Phone_____

I UNDERSTAND RECOVERY TRAIL MAY CONTACT THE COUNSELOR initial____

Have you ever been to sober living and or a recovery residence? If so when, and where? _____

Are you currently taking any medications?

| Medication | Dose Prescribed | Doctor & Phone# | Reason |
|------------|-----------------|-----------------|--------|
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Have you ever been diagnosed with any of the following (Circle each that apply):

Anxiety, depression, bipolar disorder, dissociative disorder, asperger's syndrome, autism, schizophrenia, schizoaffective disorder, PTSD, any eating disorders, sexual disorders, gambling addictions, or others.

Please list all major health issues. Examples are high blood pressures, allergies, diabetes, seizures, etc. _____,

Who is your primary care doctor? _____ Phone _____

I UNDERSTAND RECOVERY TRAIL MAY CONTACT YOUR DOCTOR initial _____

Are you currently employed? If not what kind of work have you done in the past?

Employer _____

Contact _____ Phone _____

I UNDERSTAND RECOVERY TRAIL MAY CONTACT MY EMPLOYER initial _____

Are you currently in probation, parole? Yes No

Officer _____ Phone _____

I UNDERSTAND RECOVERY TRAIL MAY CONTACT MY PROBATION/PAROLE OFFICER
initial ____

Are you currently completing or need to complete community service or other tasks to fulfill a ruling?

Is your family involved in your recovery? If yes who?

_____ Phone _____

I UNDERSTAND RECOVERY TRAIL MAY CONTACT THE FAMILY MEMBERS LISTED
initial ____

If accepted, how do you intend to pay your financial agreement with Recovery Trail?

Do you currently have a vehicle? Yes No

Do you currently have a valid Drivers License? Yes No Must show staff proof.

Do you have Insurance? Yes No Must show staff.

Why do you want to engage sober living with Recovery Trail?

The team at Recovery Trail recognizes that recovery is an individualized journey. We use a person centered approach to create a recovery plan specific to each individual we work with. You will be required to partner with one of our clinical therapists to help create the recovery plan that will give you the best opportunity for successful long term recovery.