

Personal Information				
Full Name:				
Previous/Maiden Name:		DOB:		Gender: M / F / T
Relationship Status:		Children:	Sexual Orientation:	
Ethnicity:	Address:			
City:		State:		ZIP Code:
Home Phone:		Cell Phone:		May we leave VM? (Circle) H / C
Email:		Referral source:		Contact info:
Current physical address (if different from above):				
Do you have a vehicle? Y / N			Do you have a valid Driver's License? Y / N	
Recovery Information				
Date of last use:	Substance(s) Used: <b>see attached</b>		Currently/recently in treatment? Y/ N	
Name and Location of Treatment Facility:				
Did you complete program? Y / N	If not, explain:			Discharge Date:
Have you lived in recovery housing before? Y / N	Name of Recovery Home:			From: To:

Why did you leave?			
What would you like to accomplish during your stay here?			
What potential challenges do you see in improving your recovery?			
What else would be helpful for us to know about you to best serve you?			
<b>Emergency Contacts (List two)</b>			
Name:	Relationship:		Phone:
Address:	City:	State:	Zip Code:
Name:	Relationship:		Phone:
Address:	City	State:	Zip Code:
<b>Employment/Education Information</b>			
Are you employed? Y / N	Employer:		Job Title:
Employer Address:	Employer Phone:	Current monthly income:	
If not employed, please provide source of income:			
What is the highest level of education you have finished?		Are you enrolled in school or job training program? Y / N	

If yes, please provide name and location of institution:		
<b>Legal Information</b>		
List Pending Charges/Cases/Warrants:		
Are you on probation/parole? Y / N	Location of Office:	
Name of Officer:	Phone:	Have you ever been convicted of any violent or sexual crimes? Y / N
<b>Medical History/Medications</b>		
Please list any medical/psychiatric conditions (both current and past):		
Hospitalizations in past 12 months: Y / N	Reason:	Discharge Date:
History of Self-Harm:		Recent Suicidal/Homicidal Ideation:
Medication:	Dose:	Frequency:
Purpose:		
Medication:	Dose:	Frequency:
Purpose:		
Medication:	Dose:	Frequency:

Purpose:		
<b>Use back of sheet for any additional medications.</b>		
Prescribing Physician:	Address:	Phone:
Primary Care Physician:	Address:	Phone:
<b>Please provide insurance information below for purpose of coordinating clinical services.</b>		
Insured Party:		Relationship to Resident:
Insurance Company:		Phone Number:
Address:		
Policy Number:		Group Number:
Do you have dual coverage? Y / N	Secondary Insurance Company:	
Insured Party:		Relationship to Resident:
Phone Number:	Address:	
Policy Number:		Group Number:
<b>I attest that the above information is correct. I understand that providing false information and/or withholding information may affect my admittance to The Recovery Connection's residential home.</b>		
Signature of Applicant:		Date:

Please return applications via email to [meredith@therecoveryconnectionllc.com](mailto:meredith@therecoveryconnectionllc.com)  
or mail to The Recovery Connection, 2832 Saratoga Drive, Winchester, VA 22601.

## Substance Use History Form

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

✓ if used	Substance	Frequency of Use (# days per week, month, year etc.)	Amount Used (# drinks, hits, pills, money spent etc.)	Method (IV, nasal, oral etc.)	Last Use of Substance
	Alcohol				
	Marijuana				
	Cocaine (including Crack)				
	Methamphetamines (crystal meth)				
	Amphetamines/Other Stimulants: Ritalin, Adderall, Dexedrine, uppers etc.				

	<b>Benzodiazepines/ Tranquilizers:</b> Xanax, Valium, Librium, Ativan etc.				
	<b>Sedatives/Barbituates:</b> Phenobarbital, Amytal, Seconal etc.				
	<b>Heroin</b>				
	<b>Street or Illicit Methadone/Suboxone</b>				
	<b>Other Opioids:</b> Percocet, Oxycontin, Vicodin, Dilaudid, Morphine, Demerol, Tylenol 3 etc.				

	<b>Hallucinogens:</b> LSD, PCP, mushrooms, ketamine, MDMA (ecstasy) etc.				
	<b>Inhalants:</b> glue, whippets, aerosols etc.				
	<b>Synthetic Cannabinoids:</b> K2/Spice				

	<b>Synthetic Cathinones:</b> Bath salts, Flakka etc.				
	<b>New Psychoactive Substances:</b> Kratom				
	<b>Illegal Use of Prescription Drugs:</b> Gabapentin, Ambien etc. (please list & describe): _____ _____ _____				