



Recovery Help Now, Inc.

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recoveryhelpnow.com

GENERAL INFORMATION

Date

Name

Date of Birth

Address

City

State

Zip Code

Home Phone

Work Phone

Mobile/Other

email

Person to notify in the event of an emergency

Emergency contact relation to you.

Contact's Phone Number

Referred By

Education.

Highest Degree Completed

at

Current Occupation/Current Employer

Family

Married or in a Primary Relation

Single. How Long?

Divorced: How Long?

Dating

Widowed

In a new relationship(6 months or less)

Other

OTHERS LIVING IN HOUSE HOLD

Name	Relationship	Age	Comments

MEDICAL INFORMATION:

General Physical Health is Excellent Good Fair Poor

Are you currently taking any medication(s)?

If yes please list

Please list and describe any Physical Problems you presently have

BRIEF DESCRIPTION OF PROBLEM: State your concern, why you are seeking psychological evaluation/counseling and when the difficulties began (suddenly, gradually).

Please describe your area(s) of strength:

Are you actively suicidal or homicidal? Have you had any thoughts of homicide or suicide in last 30 Days? Yes No

If yes explain

Are you currently in a violent domestic relationship?

Are you currently using Alcohol or Drugs? Explain

When is the last time you used a substance?

How did you hear about us?