

**You-Turn Recovery Docket**  
**Participant Intake Information**

Date:

Name (First, Middle, Last):

Address (City, State, Zip Code):

Date of birth:

Gender (M, F):

Race:

Aliases:

Phone numbers (land line, cell, work):

Email:

Social security number:

Education level:

Driver's license (Yes, No, Reinstatement Date):

Employer if applicable (Name, Supervisor, Address, Phone Number, Email):

Other income (unemployment, disability, social security)

Drugs used:

Date of most recent use:

Alcohol and Drug Licensed treatment provider (Solutions, Talbert House, Other):

Counselor (Name, Phone Number, Email):

Supervision officer(s) (Name, Address, Phone Number, Email):

Domestic relationship (married, single, divorced, co-habiting):

Name of domestic partner or roommate if applicable:

Children (Names, Ages)

Medical (Family physician, type of insurance if applicable):

Date of last physical exam:

Dental (Dentist, type of insurance if applicable):

Date of last dental exam:

Attorney:

Are you attending any support groups (Y, N)?

If yes, what type (s)?

What do you hope to gain by participating in the You-Turn Recovery Docket?

What are your short-term goals?

What are your long-term goals?

Any other concerns or plans you wish to share?