

Synergy Sober Living Home

6069 Pickford Pl.,
Los Angeles, CA 90035

Tel: (310) 863-3099 Fax: (323) 933-5489

BACKGROUND INFORMATION

1. What is your first and second drug of choice?

2. How old were you when you first used drugs/drunk?

3. Have you ever been in a Drug/Alcohol Treatment Center? When?

4. Have you ever been in a halfway house? When?

5. What is your highest level of education?

____ High School Graduate

____ GED

____ College/University

____ Other (Please explain) _____

6. Have you ever been in prison? _____ How many times? _____

7. Have you ever been ARRESTED for a sex crime or arson?

YES _____ NO _____

8. Where did you live in before moving here? (City/State)

9. Are you employed? If yes, what kind of work do you do?

10. What are your means of transportation?

11. What is your source of income?

12. Check ONE: Are you Married _____ Single _____ Divorced _____ Separated _____

13. Have you ever received any DUI's or DWI's? Yes _____ No _____ If yes, how many _____

14. What kind of problems has drinking and/or drug use caused you?

15. Do you have any problems with rules or authority? _____

16. Are you prejudiced towards any group or race? _____

17. What kind of medical problems (physical or emotional) do we need to know about you?

18. Have you ever considered suicide? No _____ Yes _____ If so, how long ago _____

19. If you answered yes to question #18, do you agree to enter into a plan of action with staff?

Yes _____ No _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____