

**INNOVATIVE OUTPATIENT TREATMENT AND**

**SUPPORTIVE HOUSING FOR ADDICTION**

**INTAKE FORM INFO:**

Client's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Street Town Zip

Home Telephone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Ok to leave message? \_\_\_\_ Cell# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason(s) for calling:  
(brief history, Alcohol/Drugs/Mental Health, other treatment, needs from Right Turn):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Availability: \_\_\_\_\_

Do you have health insurance? Yes  No

Insurance Company: \_\_\_\_\_ ID #: \_\_\_\_\_ Group#: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Address of Subscriber: \_\_\_\_\_

DOB of Subscriber: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to subscriber: \_\_\_\_\_

Do you have probation or legal issues? Yes  No  Explain: \_\_\_\_\_

How did you hear about Right Turn?

Agency  Radio  Medical referral  Friend  Court referral  Internet  Other

Signature (sign:) \_\_\_\_\_ (print:) \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Fax to Right Turn**  
**@ 781-646-3188**

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**WWW.RIGHT-TURN.ORG**