

19. Marital Status: Never Married _____ Married _____ Seperated _____ Divorced _____	20. Do you have a Medical Doctor? Yes _____ No _____												
21. What is the Name of your Doctor?	22. What is your Doctor's Phone Number?												
23. Have you ever been to a Treatment Facility for Alcoholism or Drug Addiction? Yes _____ No _____	24. If you've had treatment in the past, list Treatment Providers, Phone Number and Primary Counselor.												
25. Do you take Prescription Drugs? Yes _____ No _____	26. List all Prescription Medications you Currently take. List Reasons for Medications:												
27. Approximate Date you Plan to Move into the Free-Man House: Date of Move-In. _____	28. If not Immediately, List Reasons Why:												
29. Emergency Contact Phone Numbers: List Family Doctor if you have one and 2 Family Members or Friends: <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Phone</u></th> <th style="text-align: left;"><u>Relationship</u></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td></td> <td></td> </tr> <tr> <td>2. _____</td> <td></td> <td></td> </tr> <tr> <td>3. _____</td> <td></td> <td></td> </tr> </tbody> </table>	<u>Name</u>	<u>Phone</u>	<u>Relationship</u>	1. _____			2. _____			3. _____			30. Use this Space for Any other Relevant Information.
<u>Name</u>	<u>Phone</u>	<u>Relationship</u>											
1. _____													
2. _____													
3. _____													

I have read all of the material on this form. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

SIGNATURE: _____ **DATE:** _____

Please Initial Each Line Below

Free-Man House is not responsible for death or injury that may occur in any Free-Man House. X _____

Free-Man House is not responsible for any theft or damage to personal property. X _____

If you are planning on leaving; and you pack your belongings, you have 48 hours to pick up your belongings. If you do not pack up any of your belongings or do not pick up your belongings within 48 hours, said belongings will be donated to a charitable institution such as Goodwill Industries X _____

Return Mail To:

Free-Man House
Intake Coordinator
13340 Southview Ln
Dallas, TX 75240

214-676-2693
intake@freemanhouse.org
www.freemanhouse.org

website