



our _____
Wellness Collective

1052 Kinderhook St Valatie NY 12184 | (518) 303-2725

Name:		Date:	
Age:		DOB:	
Address:			
City:		State:	Zip:
Telephone:			
May we contact you by Email? YES NO		Email:	

Background

I identify as a: (check one)	Person in Recovery
	Family Member / Loved one in Recovery
	Unsure / Other:
How can we help you with your recovery?	
What is your primary concern right now?	



How did you hear about Our Wellness Collective?

Agency/Organization Referral from:	
Internet/Card/Other:	

Is there an emergency contact you'd like us to have?

Name:	
Phone Number:	Relationship:

What days and times are best for you?

Monday	Tuesday	Wednesday	Thursday	Friday

Resources

Are you currently in addiction treatment of any kind?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
If yes, please indicate where:		
Are you currently seeing any therapist?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
If yes, please indicate who:		
Are you currently attending any self-help or community-based support meetings?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
If yes, please indicate where:		
Is there anything else we should know?		