New Heights, LLC

*Living Sober, Living Free*

3980 5th St NE, Columbia Heights, MN 55421 | 763-781-5792 | 612-423-8442

First Name: Last Name: Middle Name: .

Date of Birth: / / . Age: . SSN: . Marital Status: .

Current Address: . State: . Zip: .

Home Phone: . Cell Phone: . Other Phone: .

Name of most recent treatment center, institution or facility (if applicable):

Have you completed a release of information with the above facility? ☐ Yes ☐ No

**Financial Information:**

Are you able to pay program fees/rent? ☐ Yes ☐ No

How will you pay program fees? ☐ Self ☐ Family/Friends ☐ Other

Are you currently employed? ☐ Yes ☐ No

Are you capable of working or volunteering a minimum of 20 hours per week? ☐ Yes ☐ No

**Chemical Use History/Legal Involvement:**

Sober Date: / / . Drug of Choice: . Can you pass a drug test today? ☐Yes ☐No

List drugs used/abused in past year:

Number of lifetime DWIs: .Number of lifetime possessions: . Number of lifetime assaults: .

Legal status (check all that apply): ☐ Probation ☐ Parole ☐ Pre-Trial ☐ None

State & County: Parole/Probation Officer Name/Phone:

Have you been convicted of arson? ☐Yes ☐No Criminal sexual conduct convictions? ☐ Yes ☐ No

**Physical and Mental Health:**

Are you under the care of the following medical professionals? (Check all that apply)

☐ Physician ☐ Psychiatrist ☐ Psychologist/Therapist ☐ None

Please provide name(s) and phone number(s):

Psychiatric Diagnosis: Planned/attempted suicide? ☐Planned ☐Attempted

Prescribed medications:

**Emergency Contact**: Name: Relation: Phone:

**Reference**: Name: Relation: Phone: