

Fit 4 Recovery
150 Sheridan Blvd Ste #306
Denver, CO 80226



Recovery & Treatment Services Basic Information Form

Date Completed: _____

First Name: _____

Last Name: _____

DOB: _____ **Age:** _____

Medicaid #: _____

Address: _____

Phone: _____ **Texting Okay to this #:** _____

Email: _____ **Last 4 of SS#** _____

Preferred Method of Contact: Phone: _____ **Text:** _____ **Email:** _____

Justice Involved: Yes _____ **No** _____ **DOC#:** _____

Male/Female: _____ **Transgender:** _____ **Decline To Answer:** _____ **Pregnant:** _____

Primary Race/Ethnicity: Asian: _____ **Black/African American:** _____

Hispanic/Latino: _____ **White:** _____ **Native American/Alaska Native:** _____

Native Hawaiian/Pacific Islander: _____ **Middle Eastern:** _____ **African:** _____

Declined to Answer: _____

Housing Status: Homeless: _____ **Shelter:** _____ **Couch Surfing:** _____

Temp Housing: _____ **Stable Housing:** _____ **Other:** _____

Primary Drug of Choice: _____ **Contact Location:** _____

Notes: _____
