



PO Box 1745
Studio City, CA 91614
(818) 762-0461

Name: _____ Date: _____

Address: _____

Phone number: (_____) _____

E-mail address: _____

Social Security Number: _____

Date of Birth (mo/dy/yr): _____ Age: _____

Circle One: F M Any children? Y N What age(s)? _____

Can you obtain childcare for 30 days, if needed? Y N

Do you currently have any form of health insurance (incl. Medicare/Medicaid)? Y N
(If YES, please describe: _____)

Can you (or a friend/family member) provide transportation to an out-of-state facility, if necessary? Y N

Do any legal reasons prevent you from traveling within the US (parole, court dates, etc)?
Y N

When was the last time you used? _____

What did you use? _____

How much did you use? _____

Please describe other treatment you have received to address your addiction: _____

In your opinion, why did this treatment not result in your continuing recovery? _____

Describe yourself as a writer. What do you write? Are you published? Who are your literary influences? _____

Thank you very much for filling out this form. Please return to

Writers In Treatment
PO Box 1745
Studio City, CA 91614
Fax: (818) 762-0461