



**Panama City Rescue Mission**  
**Extended Recovery Program Application**

Have you had any injuries? Y N Type & when? \_\_\_\_\_

Smoke? Y N Drink Alcohol ? Y N (Amount \_\_\_\_\_/day) Drugs? Y N  
 Drug & Alcohol History:

Type	Amount/Frequency	Last Usage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been in treatment for alcohol/chemical usage? Y N

Results of treatment: \_\_\_\_\_

Brief Family History:

	Father	Mother	Sibling	Grandparent
Alcoholism	_____	_____	_____	_____
Depression	_____	_____	_____	_____
Drug Use	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Psychiatric Hospital	_____	_____	_____	_____
Eating Disorder	_____	_____	_____	_____
Sleep Disturbance	_____	_____	_____	_____
Legal Problems	_____	_____	_____	_____

Have you had contact with C&F Services Y N When? \_\_\_\_\_  
 Circumstances? \_\_\_\_\_ Status? \_\_\_\_\_

Legal: Any pending charges? Y N What Type? \_\_\_\_\_

Court date? \_\_\_\_\_ Are you on probation? Y N Remaining Time: \_\_\_\_\_

Prior legal problems: \_\_\_\_\_ Offence: \_\_\_\_\_

Name/Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

What brings you here now? \_\_\_\_\_

How did you learn about program? \_\_\_\_\_

What type of help are you looking for? \_\_\_\_\_

How do you feel this program will help you? \_\_\_\_\_



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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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