

Oxford House

Date: _____ **Interviewed by:** _____

Name: _____

Address: _____

City/State: _____

Phone Number: (____) _____

Date of Birth: _____

Drug of Choice: _____

Length of Sobriety: Days _____ Months _____ Years _____

Prescription Drugs: _____

Rehabilitation Facility:

Dates: In _____ Out _____

Employment: _____

Legal problems: _____

House Interview Date: _____