



HORIZON HIGH SCHOOL
P.O. BOX 45045 MADISON, WI 53744

RECOVERY INFORMATION

TREATMENT HISTORY (list from most recent backward)

Program _____
Dates of Attendance _____
Contact Person _____ Phone _____
Outcome _____

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Contact Person _____ Phone _____
Outcome _____

AFTERCARE/RECOVERY PLAN:

Who referred you to the Recovery School? _____

PRELIMINARY SELF-ASSESSMENT

What is your sobriety/clean date? _____

List the mood altering chemicals including alcohol and tobacco that you have used in the past:

Are you presently on any medications? _____ If so, what are they? _____

Do you have any mental health issues? _____ If so, what are they? _____

When did your use become a problem for you? _____

What legal consequences have you had from your use? _____

Have you had legal problems from non-use-related behaviors? _____ If yes, what were they?

Are you attending 12 Step (AA/NA, other support groups) meetings? _____
How often? _____ Where do you attend? _____

Do you have a sponsor? _____ How often do you talk with them? _____
Meet with them? _____ What do you and your sponsor do? _____

What do you like to do for fun? _____

What are you good at? _____

What are you doing about contact with using friends? _____

Do people use in your home? _____ If yes, how does that affect you? _____

What are you presently doing to support your own recovery? _____

What kind of changes do you need to make to assist in your recovery? _____

What are your short-term goals? _____

What are your long-term goals? _____

What are your expectations of the Recovery School? _____

