



Assisted Recovery Centers of America New Patient Enrollment Form

Please write all the information requested as clearly as possible.

Demographic Information:

Name (Legal): First _____ Last: _____

Preferred Name _____ SSN: _____

Date of Birth: _____ Gender Identity: _____

Sexual Orientation: _____ Race/Ethnicity: _____

Preferred Language: _____

Are you a Veteran? Yes ☐ No ☐

Are you unhoused? Yes ☐ No ☐

Contact Information:

Address where you currently live: _____

City: _____ State: _____ Zip Code: _____

Can we send mail to this address? _____

If no, please provide mailing address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Is this a cell phone? Yes ☐ No ☐

May we leave a message at the above number? Yes ☐ No ☐

May we send phone or text appointment reminders to the number above?

Call: Yes ☐ No ☐

Text: Yes ☐ No ☐

Background Information for your appointment:

What is the reason for your visit with us today?

How did you hear about ARCA? _____

Are you currently staying with a sober living facility? If so, which one?

What substance(s) are you currently using or have previously used?

Do you use nicotine or tobacco products? If so, which one(s)?

To be seen today, do you require any accommodations (such as: interpreting services, alternative text formatting, reading services, voice-controlled options for devices, etc.)?

Emergency Contact Information:

Does ARCA have permission to contact your emergency contact and identify ourselves as ARCA representatives? Yes ☐ No ☐

(1) Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Contact Information _____

(2) Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Contact Information _____