



Initial Contact Form

To facilitate our initial conversation with you, please fill out the following information:

Date _____

Name _____

Male Female (Circle One) Date of Birth ____ / ____ / ____

Address (Include type: Home? Residential Program? Other?)

Phone (and best time to call) (____) ____ - ____ Call Time: _____

If you are not the prospective Guest, please fill in this section:

Your Name _____

Your relationship to guest _____

Address _____

Phone (and best time to call) (____) ____ - ____ Call Time: _____

How did you hear about InnVigorate? _____

Please summarize the current situation and the primary issues you would like to address during your residential stay.

What are your wellness goals as they relate to your physical, mental, spiritual, and lifestyle (including addiction management) improvements or enhancements?

How committed are you to participate in a customized program?

What prescription medication are you currently taking, if any?

When do you need your InnVigorate program to begin?

Thank you for completing this form. Please email this form to admissions@innvigorate.com or fax to (510) 580-7077.