## **Family Support Addiction Treatment Enrollment**

| Full Name                                |
|--|
| Relationship to Person Needing Treatment |
| Phone                                    |
| Email                                    |
| Name of Person Needing Treatment         |
| Age of Person Needing Treatment          |
| Type of Addiction                        |
|  |
| Previous Treatment History               |
|  |
| Family Support Needs                     |
|  |
| Additional Information                   |