

PERSONAL INFORMATION QUESTIONNAIRE – CANDIDATE FOR ADMISSION TO THE RETORNO ADULTS COMMUNITY

First name, Si	ırname
ID#	
Date of Birth	
Address	(street, number, city)
Family status	(as stated in your ID)
Children (if no	one, please write '0')
Country of Bi	rth
Mobile teleph	none number
Addiction (ple	ease check relevant types):
	Cigarettes (nicotine)
	Drugs
	Alcohol
	Prescription medicines
	Gambling
	Sex
	Behavioural (Internet, shopping, etc.)
	Other:
Are you curre	ntly hospitalized or have you been hospitalized in the past at a psychiatric hospital or
department?	Yes / No
Most recent h	nospitalization (year)
Have you rec	eived treatment for addiction in the past (please check relevant items):
	Social worker specializing in addictions / Hosen (Social Resilience) Center
	Therapeutic Community
	In-patient Rehabilitation Clinic
	Drug replacement
	Addicts Anonymous
	Medicinal – Psychiatric treatment
	Other:
What, in your	opinion, is the main reason you started using addictive substances?
	Emotional distress
	Peer / environmental pressure
	Curiosity
	Other:
Please detail	the reasons you seek treatment within the Retorno Therapeutic Community
Have you rec	eived treatment at the Retorno Therapeutic Community in the past? Yes / No
If you have be	een treated at Retorno, what was the reason for completing treatment?
	Released upon completing treatment successfully
	Left of my own accord
	Treatment discontinued by staff decision
	Other:



Are you involved in an open criminal case? Yes/No

Are you under observation / supervision of a Probation Officer? Yes / No

The Retorno Community chiefly caters to patients affiliated with religious Jewish observance. Please choose what best describes you:

I am religious / Haredi at present
I grew up in a religious / Haredi family
I am neither religious nor come from a religious background but I am specifically seeking a religious community

Please explain why you seek treatment within a religious community: