



Participant Information Sheet

(All information is kept strictly confidential)

First name _____ Last Initial (or Name) _____

Phone _____ Email _____

May we contact you? Yes No

How? Email Phone

Involved in Recovery? Yes No

How Long? Years _____ Months _____

Recovery Date: _____

What type? 12 Step Rehab/Treatment Counseling

My area of recovery is:

Chemical Dependency Co-Dependency Sexual Abuse

Sexual Addiction Eating Disorder Relationship

Medical Health Mental Health

Other _____

Please tell us how you found out about Celebrate Recovery _____

Do you have a friend or family member in Celebrate Recovery? Yes No

Any other information you wish to share _____



FIRST COLONY Church of Christ
An independent, non-denominational church