



Barnert Medical Arts Complex
680 Broadway
Paterson, NJ 07514

ALUMNI FEEDBACK FORM

NAME: \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_ CLEAN DATE \_\_\_\_\_
Month/Day/Year Month/Day/Year

HOME ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Are you currently sober? [ ] Yes [ ] No

Are you currently clean (except for prescribed medications)? [ ] Yes [ ] No

If you were discharged from one of our residential programs, did you keep your initial appointment with the aftercare program (for example, Outpatient/Intensive Outpatient Program, halfway house, partial care program)? [ ] Yes [ ] No

Are you still attending the aftercare program? [ ] Yes [ ] No

Are you attending AA or NA meetings or any other self-help groups? [ ] Yes [ ] No

Are you employed? [ ] Yes [ ] No

Are you attending school or any training program? [ ] Yes [ ] No

Since leaving Turning Point, have you been referred to or admitted to any other program for addiction treatment? [ ] Yes [ ] No
Do you need additional treatment now? [ ] Yes [ ] No

Since leaving Turning Point, have you been arrested or charged with any alcohol or drug related offenses? [ ] Yes [ ] No

Would any of your family members benefit from help in coping with the effects of addiction on your family? How can we contact them?

Is there anything else you'd like us to know?

Please return this completed form to enichols@tpnj.org or mail it to Erika Nichols, Alumni Program, Turning Point, Barnert Medical Arts Complex, 680 Broadway, Suite 104, Paterson, NJ 07514. You can also reach Erika at 973-239-9400 ext. 139.