



# HEALING WINGS SOUTH AFRICA

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## BACKGROUND INFORMATION

Dear Parents/Family,

Your loved one will shortly be admitted to Healing Wings.

In order to afford you and your loved-one the most thorough service, we would like to obtain background information related to your loved one`s development and history of addiction as well as any previous treatment. Please note that this information will be treated with the utmost confidentiality and will only be for the perusal of your loved-ones therapeutic professionals, for treatment purposes only.

We have prepared a few questions that we would like you to answer for us.

## Questions

1. Please provide feedback on the following areas of development:

a. Age 0 to 6 years. (pre-school)

i. Was his/her development normal?


b. Age 7- 12 years. (primary school)

i. Was his/her development normal?

ii. Did he/she use any medication?


c. Age 13 to 18 years. (high school)

i. Was his/her development normal?

ii. Any behavioural problems?

iii. Did he/she complete his school career successfully?


2. At what age did he/she start to experiment with drugs?

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3. How did the addiction process develop?


4. How did the use of drugs impact his/her life?


5. What was the impact of addiction on you as family?


6. Has he/her received any psychiatric treatment?

- a. If yes, what was the diagnosis?
- b. If yes, what medication was prescribed
- c. Has he used drugs and medication at the same time?


7. Has he/she ever been in conflict with the law? (If yes explain)


8. Who are the significant people in his life? (Please motivate/explain)


9. Has he/she received any previous treatment for his/her addiction?

- If yes, provide a short summary of the process.


9. Why have you referred your loved one to Healing Wings?


11. Any additional information that may aid us in the process of healing and recovery?

(Please feel free to add).


Thank you,

Multi-Disciplinary Team, Healing Wings