

# OCC QUESTIONNAIRE

Note: Complete both pages of this intake questionnaire

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First Name	Middle	Last Name
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Street Address	City	Zip Code
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Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you a veteran of the armed forces? Yes  No

Are you on parole or probation? Yes  No  If yes, agent's name and number:

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## TREATMENT INFORMATION

Are you currently in treatment for alcohol or drugs? Yes  No

If yes, where and list your counselor's name and number: \_\_\_\_\_

Have you ever received mental health treatment? Yes  No

If yes, when, where, why and list your counselor's name and number : \_\_\_\_\_

## SUBSTANCE OF PREFERENCE

Do you currently use, or have you ever used any of the following substances:

Alcohol Yes  No

Ecstasy Yes  No

Marijuana Yes  No

Any prescription medications not prescribed to you

Heroin Yes  No

Yes  No

Cocaine Yes  No

Any other illegal substances Yes  No

Meth Yes  No

## HEALTH AND EMERGENCY INFORMATION

Full name(s), address and phone number of a person(s) we can contact in case of an emergency:

Name	Address	Telephone Number

His/her relationship to you: \_\_\_\_\_

Full name, address and phone number of family physician:

Full Name	Address	Telephone Number

List any health problems you have:

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List all medications you are taking:

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### **WORK/EDUCATIONAL HISTORY**

Current employment status: Full-time  Part-time  Unemployed  Student

Current employer (including supervisor's name and number): \_\_\_\_\_

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Occupation: \_\_\_\_\_

Do you have a high school diploma? Yes  No  Did you receive a GED? Yes  No

If neither, what is the highest grade level you completed? \_\_\_\_\_

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Are you a college student? Yes  No  If yes, what college and student status?

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### **ADDITIONAL INFORMATION**