



ULOC INTAKE FORM

DATE _____

NAME _____ PHONE _____

SS# _____ DOB _____, AGE _____, Religion _____

EMERGENCY CONTACT# _____

REFERRED BY _____

PREGNANT ____ IF YES HOW MANY MONTH _____ DO YOU HAVE CHILDREN _____

NAMES/ AGES

1. _____ 2. _____

HAVE YOU EVER BEEN INCARCERATED / JAIL/ OR DRUG TREATMENT _____, IF YES EXPLAIN-

ARE YOU ON MEDICATION _____ WHAT KIND?

ADDICTION'S _____ HOW LONG _____

MENTAL HEALTH PROBLEMS _____

ARE THERE ANY OTHER MEDICAL ISSUE / DISEASE _____

INCOME / WHAT TYPE _____, FOOD STAMPS _____, INSURANCE _____,

DO YOU HAVE A DIPLOMA, _____ TECHNICAL SCHOOL _____, DEGREE

HAVE YOU BEEN IN A TREATMENT CENTER BEFORE ____ HOW MANY TIMES _____

ARE YOU SERIOUS ABOUT YOUR RECOVERY _____