

Adult Welcome Questionnaire

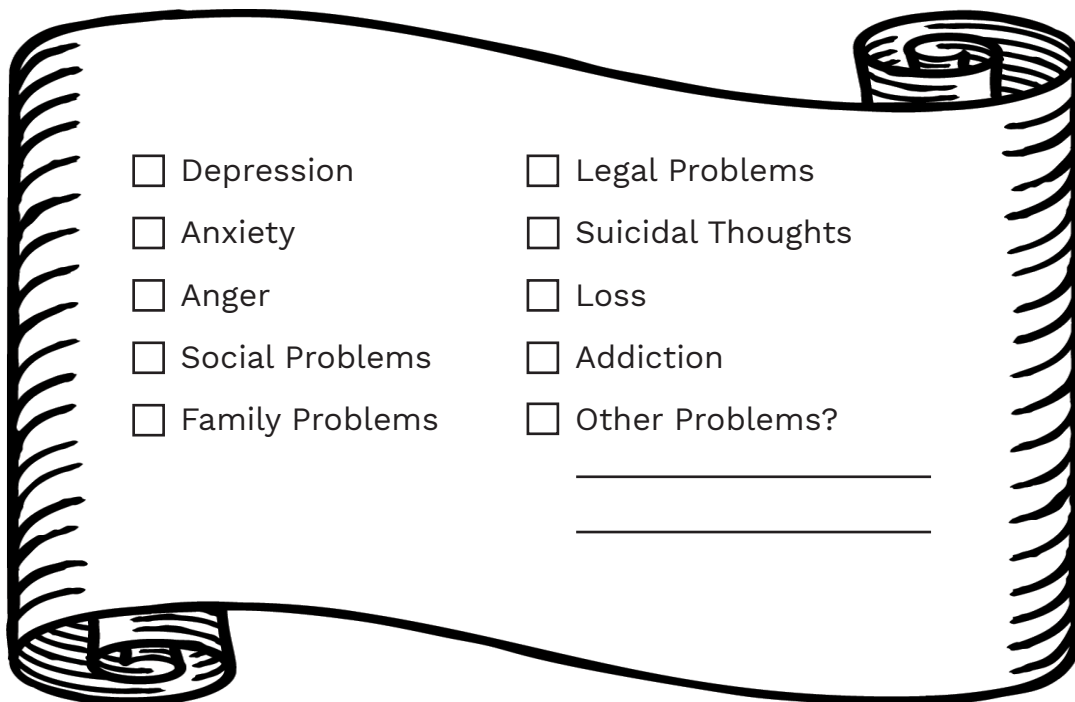
At Life Management Center, we want to make sure you are truly listened to. We are interested in what matters most to you and your family. You are an equal partner... in planning care.... choosing servicesand deciding how well those services are meeting your needs.

To help us get ready for the conversation you are about to have, think about the following. Feel free to jot down notes for our talk.

Your Name _____

Date _____

Why did you decide to come for this visit today?



<input type="checkbox"/> Depression	<input type="checkbox"/> Legal Problems
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Suicidal Thoughts
<input type="checkbox"/> Anger	<input type="checkbox"/> Loss
<input type="checkbox"/> Social Problems	<input type="checkbox"/> Addiction
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Other Problems?

Have you received help for these problems in the past?

Do you have prior inpatient treatment in a mental health hospital?



Think about these problems. Has anyone else in your family had the same issues?

How often do you have a drink containing alcohol?



- ☐ Never
- ☐ Once a month or less
- ☐ 2-4 times a month
- ☐ 2-4 times a week
- ☐ 4 or more times a week

Are there any other substances you are currently using or have used in the past?

- ☐ Yes
- ☐ No

Do you have any past or current involvement with the law?

- ☐ Yes
- ☐ No

Now please think about your strengths and abilities

- ☐ Want to improve
- ☐ Good family support
- ☐ Stable job
- ☐ Good problem solver
- ☐ Good coping skills
- ☐ Self-sufficient

How far did you go in school?

- ☐ Some high school
- ☐ Completed high school or GED
- ☐ Some college / technical school
- ☐ College degree / technical school certificate
- ☐ Other: _____

Do you have any special needs, preferences or disabilities that require special support?



Are there needs in addition to behavioral health services for which you would like a referral?

**We are also interested in who is in your home and what your support system is like.
Please list all the persons living in your household and their relation to you.**

