



Lifeline Counseling LLC

Adult Questionnaire

Name: _____

Date: _____

Current marital status: _____

Children names/ages: _____

History

What problems or concerns have you come here to address? _____

Have you seen a counselor before? If so, who and when? _____

Do you currently have a psychiatrist? If so, when was the last appointment? _____

_____ When is next appointment? _____

Please list any medications you currently take: _____

Do you have a history of mental illness, substance abuse, or eating disorder? If yes, please indicate: _____

Does anyone in your extended family have a history of mental illness, substance abuse, or eating disorder? If yes, please indicate: _____

Do you have any history of childhood trauma or abuse? _____

Have you ever attempted suicide? If yes, please explain _____

Have you ever felt like seriously hurting someone? If yes explain _____

Have you ever been hospitalized psychiatrically? If so, when and where _____

Do you have any medical conditions? If yes, please indicate: _____

Are there any relationships you are unhappy with at the present time? If yes, please indicate: _____

Are you having financial problems? _____

Do you have, or have you had, any legal problems? If yes, please indicate: _____

Do you have a military history? _____

Statement of confidentiality

The personal information shared in this consult and/or therapy session will be kept confidential or private within the boundaries of the law and by what are considered best practices of the field. Information will not be shared beyond without written consent of the client or legal guardian/parent, except where mandated by law or legal precedent for safety factors, including where there is a danger of harm to self or others.

Mandated Reporters

State law mandates certain professionals or officials, acting in their professional capacity, must report concerns about any child or disabled/impaired adult who may be, or is at risk of being, abused or neglected. Most mandated reporters work in schools, health care, counseling/psychology, child care, camps for children, the legal field, social work, or developmental disability programs. More specific information on mandated reporters, and a complete list, is available at Ohio Revised Code 2151.421.

Consent to treat

I consent to participate in the proposed treatment as recommended by the provider in accordance with the standards of professional practice. I hereby certify that the clinician has informed me of his/her professional qualifications, certifications, and/or licensure.

Assignment of Benefits and Release of information

I hereby assign, transfer, and set over to Lifeline Counseling LLC all of my rights, title and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I authorize Lifeline Counseling LLC to release by financial information to my guarantor or third party collection agency if further collection assistance is required.

client/guardian sign

date

counselor/witness sign

date