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ADULT CLIENT QUESTIONNAIRE

Date _____

Full Name _____ Birthdate _____

Sex _____ Preferred Pronouns _____

Address _____

Home Phone _____ Safe to Leave a Message? Y/N

Work Phone _____ Safe to Leave a Message? Y/N

Cell Phone _____ Safe to Leave a Message? Y/N

Email: _____ Safe to Contact? Y/N

Insurance Co. _____ Subscriber ID# _____

Marital Status _____ Health Status _____

Current Medications _____

General Medical History _____
(use back of page if needed)

Allergies/Allergic Reactions _____

Occupation _____ Educational Level _____

List all other persons living in the home:

Name:	Age:	Relationship to Client:	Present Health Status:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will you be financially responsible for these services? Y/N If no, please complete below:

RESPONSIBLE PARTY INFORMATION:

Name: _____ Relationship to Client _____

Address: _____

Home Phone _____ Work Phone _____ Other _____

If you share custody of your children, please describe the current arrangement, including visitation:

Have you ever been under the care of another mental health provider? [] Yes [] No; If "Yes," please elaborate:

Describe your daily alcohol consumption: _____



Describe any substance use for any members of your household: _____

Are there ever any times that you feel unsafe in your home? _____

Are you involved in any ongoing legal matters? If yes, please explain: _____

Please provide a brief description of how I can help you.
