



New Neighbor Questionnaire

Full Name: _____ Date: _____

Address: _____

Gender: Male ___ Female ___ Date of Birth: _____ Age: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Remarried ___ Widowed ___

Co-Habiting ___ Other _____

Is it ok to contact you through email? Yes ___ No ___

Email address: _____

Telephone Numbers: Home: _____ Okay to call: Yes ___ No ___

Work: _____ Okay to call: Yes ___ No ___ Cell: _____ Okay to call: Yes ___ No ___

Occupation/Employer (if couple, please list each person's employer separately):

Please check highest educational level: Elementary School ___ Middle School ___ High School ___

GED ___ Some College ___ Bachelor's Degree ___ Master's Degree ___ Doctorate ___

Area(s) of study:

Religious Preference (if any): _____

Person to contact in case of emergency: _____

Address: _____

Phone: _____ Relationship: _____

Marital History (if never married, skip this section)

1st Marriage Beginning Date: _____ Ending Date (if applicable): _____

Name of Spouse: _____

Children & Ages: _____

Other Marriages: _____

Beginning and Ending dates: _____

Children & Ages: _____



Please list the names & ages of all people currently living in your home.

Name Age/Birth Date Relationship

Who has custody of the minor children living in your home? _____

Medical History

Overall rating of physical health: Excellent Good Fair Poor

Date of last physical exam: _____

Name of Physician: _____ Phone: _____

Current Medical Conditions: _____

History of Medical Conditions: _____

History of Medical Hospitalizations: _____

Please list name, dosage & length of time you have been taking any medications for any conditions you may have: _____

Mental Health History

Are you currently under the care of a psychiatrist? Yes ___ No ___

Name of psychiatrist: _____ Phone: _____

Have you ever consulted a professional counselor before? Yes ___ No ___

Name of therapist: _____ Phone: _____

Dates: _____



Are you currently in therapy elsewhere? Yes ___ No ___

Have you ever had suicidal thoughts? Yes ___ No ___ Attempts? Yes ___ No ___

If yes, please provide date(s) and treatment: _____

Is there mental illness in your family history? Yes ___ No ___

If yes, please describe _____

History of Chemical Dependency/Treatment

Type of Dependency: _____

Treatment Date(s): _____ Provider: _____

For what general areas of your life (marital, family, relationship, school, work, substance abuse, grief, anxiety, trauma, etc.) are you seeking assistance today?

Area 1: _____ Area 2: _____ Area 3: _____

For each area you identified, what changes/improvements will be signs of progress?

Area 1: _____

Area 2: _____

Area 3: _____

What do you hope to accomplish today? _____

Circle any of the following that are presently causing you difficulty:

- Assertiveness /Alcohol/Drug Use /Career Choices/ Self-Concept /Parenting /Sexual Problems/ Legal Matters/ Religion
Nightmares Loneliness Marriage Guilt Anger/Temper Concentration Suicidal Thoughts Relationships
Anxiety/Fears My Thoughts Decision Making Relaxation/Trust Divorce Depression/Sadness Shyness
Stress Friends/Dating Memory/Inferiority School/Education Unhappiness Finances/Confusion/Fatigue/Family/Food
Issues/Work/ In-Laws/ Abuse /My Past

Please review the items you circled and put an asterisk* by the 3 areas that are causing you the most difficulty at this time.



FEE POLICY:

A Stipend of \$250 X 12months is to be paid to the neighbor at the end of each calendar month after having completed 4 weeks of assignments. **THIS STIPEND IS CONTINGENT ON AN APPROVED BACKGROUND CHECK.** The fee for counseling services is to be paid by grant). ***A cancellation must be made 24 hours in advance; otherwise, you will be Responsible, and it will count against program completion determination.***

CONFIDENTIALITY: The State of Tennessee provides that neighbor information is confidential and will not be shared without your written consent unless required by the following three statutes:

- Any suspected child or elder abuse is required to be reported to the appropriate governmental authorities.
- If there is reason to believe that the neighbor is in imminent danger to him/herself or to any other individuals, I am required by law to report this to the appropriated authorities as well as to warn any individuals who may be threatened.

PROFESSIONAL SERVICES:

Counseling appointments are at selected times with limited availability.

You may leave a voice mail message at my office number (615-794-9055 X 134) at any time and the message will be addressed at our earliest convenience. If you are unable to reach your mentor or counselor and you have an emergency, please call the Crisis Line at 615-244-7444 or go to your local emergency room.

BENEFITS AND RISKS OF COUNSELING:

Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives, etc. They may change employment or other aspects of their lives. While counselors will assist the neighbor in effecting change, they cannot guarantee a specific outcome. Neighbors are ultimately responsible for their own growth.

Do you have any questions about fees, confidentiality or other matters? Yes ____ No ____

Do you agree to the conditions and provisions of the Practice Policies? Yes ____ No ____

