

**STARTING POINT
PRE ADMISSION QUESTIONNAIRE**

Potential Client Name: _____

1. My diagnosis is _____
2. My current symptoms are _____

3. The symptoms I have experiences in the past are _____

4. Do you currently take medications? Yes No
 Have you ever taken medications? Yes No
 If so, what medications have you taken? _____
5. Medications may help me by _____
6. I stop taking my medications or do not want to take medications because _____

7. One goal I want to accomplish at the Starting Point is _____
8. One goal I want to accomplish this year is _____
9. My personal discharge plans when I leave Starting Point would be _____

10. I can be successful in the community if I don't _____
11. One reason I know I can't live on my own is because _____
12. My treatment team, including my psychiatrist can help me prepare for independence by

13. I could end up in the hospital or arrested again if I _____
14. Are there any questions you have at this time about the Starting Point Program?

