# Consumer Name: DOB: Date:

# SERVICE QUESTIONNAIRE

*In order to better serve you, please take a moment to complete the survey listed below. Circle the answer that best applies.*

1. Would you like to participate in individual therapy?
2. Would you like to participate in family therapy?
3. Would you like to participate in group therapy?
4. Do you have transportation from home to our office?
5. Do you have any physical limitations that would need special accommodations? If yes, please explains below
6. So you have a preference in having male or female? If yes, what is your preference?
7. Do you have immediate family members that would benefit from the services here at RIMS? If so, who?
8. Are you insured? If yes, has anyone from RIMS spoken to you about completing an application for PAC? If so, who?
9. What time of day works best for you to come in?
10. What day of the week works best for you to come in?

Please comment if you stated “yes” for questions #5, 6, 7, and 8:

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

MORNING AFTERNOON EVENING

MON TUES WED THURS +FRI