



Lifeline Family Enrichment

New Patient Questionnaire & Treatment Goals

Name _____

DOB: _____

Describe the problem that has prompted your visit today:

How long have you experienced the problem? _____

What have you tried to eliminate the problem?

What worked?

What did not work?

How would you like to see the problem resolved?

How are you hoping Lifeline will assist you in reaching your goal of resolving your problem?

Describe how you will know when your goal has been reached:
