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QUESTIONNAIRE FOR ADULTS

We are looking forward to working with you. This questionnaire, which is divided into key areas about your life, will help us explore how we can work together to best help you achieve your goals. Please take your time to consider the various areas of the questionnaire. Your thoughtful input now will help you in realizing your goals. Please provide any additional information that may be relevant (such as copies of previous evaluation results, etc...)

Your responses are confidential. Information is released from The Affinity Center only with your expressed written consent.

<PLEASE PRINT>

Today's Date: _____

How did you hear about the Affinity Center? Affinity Website Personal Physician

Client of Affinity Other _____

IDENTIFYING INFORMATION

Name	Date of Birth	Age
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Occupation:
Employer:

Please list your top 3 concerns that prompted your interest in The Affinity Center

- 1: _____
- 2: _____
- 3: _____