Consumer Name (Last, First) ______________________

Identifier ______________________

Consumer Orientation Checklist

☐ Mental Health

Consumer Demographics:

Name: ______________________ Gender: __________ Phone Number: ______________

Address: ______________________________ City: ______________________

State: __________ Zip Code: ____________

Paperwork Included:

- ☐ Yes ☐ No Roberts Group Referral Form (Optional)
- ☐ Yes ☐ No Transfer of Services / Consent for Treatment Form
- ☐ Yes ☐ No Consent for Release of Confidential Information
- ☐ Yes ☐ No Right to Name a Treatment Advocate (18 or Older Only)
- ☐ Yes ☐ No Consumer Handbook and Acknowledgment of Receipt
- ☐ Yes ☐ No Biopsychosocial Assessment
- ☐ Yes ☐ No Client Survey or Email Address Provided for Digital Survey
- ☐ Yes ☐ No Roberts Group Counseling Business Card or Counselor's Information Provided

Has Consumer been educated about the availability of an Advance Directive? ☐ Yes ☐ No

Did the Consumer utilize the Advance Directive? ☐ Yes ☐ No

After your intake is completed, we will develop a treatment plan using the information you give us about your preferences and needs. Your counselor will go over this plan with you, including the discharge criteria, when it is ready to sign.

ASSIGNMENT OF BENEFITS: The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my therapist to submit claims for all benefits, for services rendered and for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

Signature: ______________________________ Date: ______________________

Parent/Guardian: ______________________________ Date: ______________________

Witness: ______________________________ Date: ______________________