

## Admission Questionnaire

### Site:

- Human Services Center – Outpatient Clinic
- Mental Health Center – Community Support Program
- Mental Health Center – Treatment and Support Services Unit

### Tobacco Use:

Have you used any of the following tobacco products in the last 30 days?

- Cigarettes
- Smokeless Tobacco
- Pipe
- Cigars
- None (If “None,” please skip to “Flu Shot”)

Have you used this product more than 5 times per day?

- Yes
- No

When did you start using tobacco products?

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#### For Office Use Only:

Refused tobacco use screen

- Yes
- No

Cessation Information Provided

- Yes
- No

### Flu Shot:

Have you received a flu shot this year?

- Yes
- No

If today's date is between October 1 and March 31, do you want a flu shot?

- Yes
- No

#### For Office Use Only:

Client referred

- Yes
- No