



Disclosure Questionnaire

Patient Name:

Firefighter/First Responder Name (if different from patient) :

- Has the patient or firefighter/first responder or caregiver ever been convicted of a crime of violence, crime of domestic violence, crime against a child, crime of theft or crime involving illegal drugs?
 - Yes Patient or Firefighter/First Responder or Caregiver or all (circle all that apply)
 - No
- Does the patient, firefighter/first responder or caregiver have a civil protection order against them?
 - Yes Patient or Firefighter/First Responder or Caregiver or all (circle all that apply)
 - No
- Has the patient or caregiver been required to register on the State or National Sex Offender Registry?
 - Yes Patient or Firefighter/First Responder or Caregiver or all (circle all that apply)
 - No

Firefighter/First Responder Signature: _____

Date: _____