



## Mental Health Intake Form

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Name of Referral: \_\_\_\_\_  
Primary Physician \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Caregiver(s) \_\_\_\_\_ Phone: \_\_\_\_\_  
Best way/day/time to reach: \_\_\_\_\_

### Demographic Information

Gender:  Male  Female  Non-binary  Other  
Sexual orientation:  Gay  Straight  Lesbian  Bisexual  Other  
Race and Ethnicity: \_\_\_\_\_  
Languages spoken at home: \_\_\_\_\_  
Religious/spiritual identity: \_\_\_\_\_  
Disabilities (visible or invisible): \_\_\_\_\_  
Are you currently employed? (Full/part time?) \_\_\_\_\_  
Living situation:  in house/apartment  in a facility/shelter  unhoused  
Number of people living in your household: \_\_\_\_\_  
Annual household income: \_\_\_\_\_

### Current situation

What brought you to therapy? Can you describe any current stressors or worries?

What brought on these worries or problems?

Are these problems interfering with anything in your life (school, family, job, sense of self)

What are your hopes for our time together? How will we know those hopes are being addressed?

Can you describe your strengths or abilities, or what someone who knows you well would say is a strength or ability?

In order for us to work well together, what is important to know about you?

### Current risks

Are you experiencing any thoughts of suicide or self harm? (**If yes, complete the CSSRS and safety plan**)

Have you had suicidal thoughts in the past? How recent?

Do you have other risks, such as thoughts of wanting to hurt others or cause harm?

Are there other factors in your life that could constitute risk?

### **Medical Information**

What medications are you currently using?

Previous medications:

Previous diagnoses/mental health treatment/hospitalizations:

Previously treated by:

Dates treated:

Previous medical conditions/surgeries:

### **Relevant History**

What kind of experiences have you had with helpers?

Who lives in your home? Who do you describe as your family?

Describe family dynamics/history (immigration history, moves, losses, changes in family)

Where did you grow up?

How often did you move and where?

How old were you when you left home?

Is there a history of mental illness in the family?

Is there a history of substance use in the family?

What are your family's religious/spiritual beliefs?

What are your family's strengths? How does your family manage hard times?

### **History of Trauma and Exposure to Trauma**

Describe any significant losses

Describe any traumas or difficult times (Can provide client with LEC 5)

### **Current and Past Substance Use**

Have you been treated for drug/alcohol use? If so, when and for what substance?

Do you smoke cigarettes?