

# Initial Intake Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Best contact number for confidential message: \_\_\_\_\_ Email: \_\_\_\_\_

Educational level \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact Name /Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Areas of Concern:**

What issues/concerns causes you to seek treatment? Please describe.

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Do you have any specific goals with regard to your treatment?

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Do you have any particular concerns/fears regarding treatment?

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## Medical History

Have you ever been diagnosed with a serious illness? Please describe

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Do you have any medical conditions that may affect your mental health treatment? Please describe

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Please describe your overall health today.

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Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe.

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Have you ever been in a 12-step program? Please describe.

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Do you smoke? \_\_\_\_\_ How much? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ On average, how much do you consume in a week? \_\_\_\_\_

Do you currently use illegal drugs? Please describe use

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Have you ever used illegal drugs? Please describe.

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