Client Intake Form

- Name:
- Marital Status: Single Married Divorced Separated Widowed
- Birth Date:
- Sex: Male Female Other
- Street Address: City State Zip Code
- Cell Phone: Home Phone Email Address
- Occupation: Employer
- What is patient's reason for seeking treatment?
- What is patient's current and/or prior mental health treatment history?
- Has client ever thought about causing harm to oneself or others?

  Yes if so, please describe No
- Please list all medications currently prescribed for the patient (psychiatric and non-psychiatric medications).

  Please describe any history of substance abuse problems and/or treatment.