

Mental Health Intake Assessment Form

Personal Information

Full Name

Date of Birth

Gender

Phone Number

Email

Address

Emergency Contact

Name

Relationship

Phone Number

Presenting Concerns

What brings you in today?

Mental Health History

Have you previously received mental health services (counseling, psychiatric, etc.)? If yes, please provide

details.

Any prior diagnosis (e.g., depression, anxiety)?

Are you currently taking any medications? Please list.

Any history of psychiatric hospitalization?

Medical History

Do you have any significant medical conditions?

History of substance use (alcohol, drugs, etc.)?

Social History

Occupation / School

Current Living Situation

Support System (family, friends, etc.)

Risk Assessment

Any current or past thoughts of self-harm or suicide?

Any current or past thoughts of harming others?

Additional Notes

Please share any other information you think is important.