

# 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.