## **Mental Health Beneficiary Intake Form**

## **Personal Information**

First Name
Last Name
Date of Birth
Gender
Contact Number
Email Address
Address
F
Emergency Contact
Name
Relationship
Contact Number
Mental Health History
Reason for Seeking Services
Treason to Costang Control
Any Current or Poet Mental Health Diagnoses
Any Current or Past Mental Health Diagnoses
Current Medications
Previous Mental Health Treatment

## **Additional Information**

Relevant Medical Conditions		
Therapy Goals / Expectations		
Other Information		