

# Crisis Intake Assessment Form

## Client Information

Full Name

Date of Birth

Gender

Contact Number

Address

## Referral Details

Referred By

Referral Source

Date of Intake

## Presenting Crisis

Description of Crisis

Duration of Crisis

Immediate Risk (harm to self/others)

## Current Supports

Current Support System

Current Mental Health Providers

Medications

## Assessment

Initial Assessment/Impressions

Immediate Needs/Interventions

## Follow-Up Plan

Recommended Next Steps

Follow-Up Date

Assessor Name