

# Crisis Intervention Intake Form

## Client Information

First Name

Last Name

Date of Birth

Gender

Phone

Email

Address

## Emergency Contact

Name

Phone

Relationship

## Referral Information

Referral Source

Referral Contact

## Crisis Details

Reason for Crisis Intervention

Describe Current Situation

Are there immediate safety concerns?

**Mental Health History**

Mental Health Diagnosis (if any)

Previous Interventions/Treatment

**Other Information**

Additional Notes