

# Veterans Mental Health Intake Form

## Personal Information

First Name

Last Name

Date of Birth

Gender

Phone Number

Email Address

Home Address

## Military Service

Branch of Service

Years of Service

Discharge Status

Combat Experience (if any)

## Mental Health History

Presenting Concerns

Previous Psychiatric Diagnoses

Current Medications

Current Suicidal Thoughts/Behaviors

Previous Psychiatric Hospitalizations

Substance Use History

Support and Resources

Support Network

Other Resources Used