

# Mental Health Client Assessment Form

## Personal Information

Full Name

Date of Birth

Gender

Address

Phone

Email

## Emergency Contact

Name

Relationship

Phone

## Presenting Concerns

Please describe your main concerns

## Mental Health History

Any previous mental health diagnoses?

Are you currently taking any medication?

Any history of psychiatric hospitalization?

## Substance Use

Describe any substance use (alcohol, drugs, etc.)

## Family and Social History

Is there a family history of mental health issues?

Describe current living situation

Social support available

## Risk Assessment

Any thoughts of self-harm or suicide?

Any thoughts of harming others?

**Additional Notes**

Other information