

Mental Health Intake Assessment

Client Information

Full Name

Date of Birth

Age

Gender

Phone Number

Email

Address

Emergency Contact

Name

Relationship

Phone Number

Presenting Issues

Description

Mental Health History

Previous Diagnoses

Past Treatments or Hospitalizations

Current Medications

Family Mental Health History

Family History

Substance Use

Substances Used

Risk Assessment

Suicidal or Homicidal Thoughts/History

Additional Information

Strengths & Supports

Goals for Treatment