

INTAKE FORM

Name:

Date of Intake:

Presenting Problem:

History of problem:

Physical Health:

General Health: Excellent Good Fair Poor

Sleep Problems: None Occasional Frequent

Describe: _____

Appetite: Excellent Good Poor

Recent weight gain or loss?

Medications:

Work History:

Current Employer: _____

Type of Work Environment: _____

Previous Employer: _____

Type of Work Environment: _____

Reason for leaving: _____

Current Stressors:

Other Psychological/Psychiatric History:

Substance Use:

Family Psychiatric History:

Describe your current living environment.

Current partner's name and age: _____

List of marriages and significant relationships:

Name (Age): _____ Reason for leaving _____

Name (Age): _____ Reason for leaving _____

Name (Age): _____ Reason for leaving _____

List of children (Living and deceased):

Name (Age): _____ Current Relationship: _____

Name (Age): _____ Current Relationship: _____

Name (Age): _____ Current Relationship: _____

Name (Age): _____ Current Relationship: _____

Family of Origin:

Mother: _____ Substance Usage? _____

Father: _____ Substance Usage? _____

Step Mother or Father? _____ Substance Usage? _____

Comments:

Brothers and Sisters, Names, Ages, Current Relationship and Alcohol/Drug Usage): _____

Chemical Use History: _____

Legal History: _____

Mental Status: _____

Strengths and Assets: _____

Safety Assessment:

Suicide Risk

Homicide Risk

Diagnosis:

Axis I-

Axis II-

Axis III-

Axis IV-

Axis V-

