

Intake Form

Personal Information

1.	Client's First Na	ame:		Last Name									
2.	Date of Birth:			Age			SSN						
3.	Gender: Male	Female	Non-Bin	ary Prefer r	not to say	Other (pleas	e specify)						
Contact Information:													
л	4 Addross:												
	Address:												
5.	FII011C												
6.	Emergency Contact Name: Relationship:												
	Phone:												
Demographic Information:													
7. Marital Status:													
		Single	Married	Divorce	Widowed	Other (p	lease specify)						
8.	Ethnicity:												
Caucasian/White African American/Black Hispanic/Latino Asian/Pacific Islander													
Native American Other (please specify)													
Primary Language:													
9.	Religion:												
10. Employment Status: Employed Unemployed Student Retired													
Other (please specify)													
 Referral Information: Referral Source: - Self - Physician - School - Legal System - Family/Friend - Other (please specify) Reason for Referral: Medical History: Medical Conditions: Current Medications: 													

14. Behavioral Health History:

	Trauma, Stress, Depression, Anxiety, Anger/ Irritability, flashbacks, hopelessness, nightmares, chest pain, migraine, panic attacks									
	Others									
	Current Symptoms/Concerns:									
	Psychiatric History:									
	Previous Diagnoses:									
	Previous Treatments:									
15. SUI	D:	Alcohol	Drug		None					
16. Social and Family History:										
17. Living Situation: - Alone - With Family - With Roommates - Other (please specify)										
18. Fan	nily Supp	ort:	Supportive	Not Supportive	N/A					
19. Edu	ication L	evel:								
20. Legal History: Any legal issues or involvement?										
21. Expectation from us:										

22. Insurance Information:.

Insurance Provider:

Policy Number:

Consent and Authorization: I, the undersigned, hereby consent to participate in the Behavioral Health Program and authorize the release of information to facilitate my treatment.

Client's Signature: _____ Date: _____

Privacy Notice: All information provided will be kept confidential in accordance with privacy laws and regulations. Exceptions may apply in situations where there is a risk of harm to self or others.