

**Clinic Intake Report**

Date \_\_\_\_\_ Intake Worker's Name \_\_\_\_\_

Source of Referral \_\_\_\_\_

Patient's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Patient's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Length of time of unemployment \_\_\_\_\_  
On Disability \_\_\_\_\_ Length of time on disability \_\_\_\_\_

Insurance Availability: \_\_\_\_\_ Co-pay \_\_\_\_\_  
Provisional Session Fee: \_\_\_\_\_

**(\*Please remind the patient that the final fee will be set with their clinician)**

Highest Level of Education \_\_\_\_\_

Country of Origin \_\_\_\_\_

Health Problems \_\_\_\_\_

Medication(s) \_\_\_\_\_

Are any of the medications prescribed by a psychiatrist? \_\_\_\_\_

If yes, who is the prescribing psychiatrist? \_\_\_\_\_

Phone number of psychiatrist \_\_\_\_\_

Presenting Problem(s)

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Is there a current crisis in your life?

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Drug Withdrawal \_\_\_\_\_ Harm to Self \_\_\_\_\_ Harm to Others \_\_\_\_\_

**Past Mental Health Treatment**

Inpatient Treatment

Has the patient ever had any inpatient psychiatric treatment: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list dates of the hospitalization, the length of stay, and the reason(s) for the hospitalization.

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Outpatient Treatment

Has the patient ever been in outpatient psychotherapy treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list. Length of Treatment \_\_\_\_\_

Reason for Termination \_\_\_\_\_

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Have you ever had any treatment for substance abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

(eg. Inpatient, rehab, 12-step programs, etc.)

Are you having any legal problems at this time?

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Are you having any financial problems at this time? \_\_\_\_\_

Availability for treatment: Days of the week \_\_\_\_\_

Days of the Week \_\_\_\_\_

Daytime \_\_\_\_\_ Nights \_\_\_\_\_ Weekend \_\_\_\_\_

*\*Please list times*

Date of First Scheduled Appointment \_\_\_\_\_

Provisional Fee \_\_\_\_\_

Preliminary Analytic Formulation of Dynamics:

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Resistances to Being in Treatment: \_\_\_\_\_

Special Recommendations: \_\_\_\_\_

Intake by: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_