

Client Intake Information (page 2)

Have you ever had any previous mental health care? _____.

If so, please list prior clinicians you worked with:

_____.

Briefly state why you are seeking services at this time:

_____.

Have you ever been hospitalized for a mental health condition? If so, please give brief history including when & where you were treated:

_____.

Indicate any issues that apply to you:

- depression
- anxiety (including panic attacks)
- mood swings
- bipolar disorder
- eating disorders
- substance abuse
- impulse control problems
- self-injurious behavior
- suicidal ideation
- parenting issues
- marital/relationship problems
- family history of mental illness
- legal issues
- school/academic problems
- learning disability
- developmentally delayed
- social problems
- ADD or ADHD
- history of physical, sexual, or emotional abuse
- career issues
- financial issues