

Mental Health Intake Assessment Form

This **mental health intake assessment form** sample provides counselors with a structured tool to gather essential client information efficiently. It helps in identifying key mental health concerns, background details, and treatment goals for accurate diagnosis and personalized care. Utilizing this form ensures a comprehensive and organized approach to initial client evaluations.

Personal Information

Full Name:

Date of Birth:

Gender:

Select

Contact Information (phone/email):

Emergency Contact Name & Phone:

Presenting Concerns

What brings you in today? (Describe the main issues or concerns):

Mental Health History

Have you previously received mental health services?

Yes

No

If yes, please describe (dates, providers, types of therapy):

Medical History

Any current medical conditions or medications?

Risk Assessment

Are you experiencing any thoughts of self-harm or suicide?

Yes

No

If yes, please explain:

Social & Family History

Briefly describe your family/living situation:

Do you use alcohol, tobacco, or other substances?

Treatment Goals

What would you like to achieve through counseling?

Submit