

New Patient Intake Questionnaire

The **new patient intake questionnaire** is designed to gather essential information about a patient's mental health history and current condition. This form helps clinicians provide personalized care by understanding symptoms, background, and treatment goals. Completing the questionnaire timely ensures accurate assessment and effective support planning.

1. Personal Information

Full Name:

Date of Birth:

Gender:

Select

Contact Number:

Email Address:

2. Emergency Contact

Name:

Phone:

Relationship:

3. Presenting Concerns

What are the main reasons you are seeking help at this time?

4. Mental Health History

Have you experienced any of the following symptoms? (Check all that apply)

Depression Anxiety Mood Swings Sleep Issues Substance Use Self-Harm Other

Brief description of mental health history (diagnoses, hospitalizations, prior therapy):

5. Current Medications

List any current medications (name, dose, prescribing provider):

6. Physical Health Concerns

List any current physical health concerns or diagnoses:

7. Substance Use

Do you currently use any substances? (alcohol, tobacco, recreational drugs)

Select

If yes or occasionally, please provide details (type, frequency):

8. Support System

Who do you consider your main support people (family, friends, community)?

9. Treatment Goals

What would you like to achieve from seeking help or treatment?

10. Additional Information

Is there anything else you would like your clinician to know?

Submit