



INTAKE AND TREATMENT PLAN-PART I TO BE FILLED BY PATIENT PLEASE PRINT

PATIENT INFORMATION

DATE: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (     ) \_\_\_\_\_ Work #: (     ) \_\_\_\_\_

Cell Phone #: (     ) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Race: \_\_\_\_\_

Patient's Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact in Case of Emergency: \_\_\_\_\_

How is your emergency contact related to you \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Insured Policy ID#: \_\_\_\_\_

Group # : \_\_\_\_\_ Insured DOB: \_\_\_\_\_ Insured

Employer: \_\_\_\_\_ Insured S.S.#: \_\_\_\_\_

Insurance coverage provided through

- State
- Employer
- Individual Policy
- Workers Comp
- Auto Accident Policy Secondary Insurance:

Secondary Insurance \_\_\_\_\_

Insured Policy ID#: \_\_\_\_\_

Group # : \_\_\_\_\_ Insured DOB: \_\_\_\_\_ Insured

Employer: \_\_\_\_\_ Insured S.S.#: \_\_\_\_\_

If Patient is a Minor: Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home PH # (     ) \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Bus. PH #: (     ) \_\_\_\_\_

Social Security # : \_\_\_\_\_ Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home PH # (     ) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Bus. PH #: (     ) \_\_\_\_\_

Social Security # : \_\_\_\_\_

Why are you seeking Therapy services?

Are services related to

- Social security
- Immigration
- Psychological releases
- Legal or custody issues.
- Surgery

**Please explain?**

**Goals: (What would you like to achieve from visiting the clinic, please list according to their importance)**

(1)

(2)

(3)

How did you hear about our services?

Have you had therapy in the past?                      Yes                      No

Do you have a mental health diagnosis?

What is your diagnosis?

If so When did you receive that diagnosis and who gave it to you?( **please include contact information if known**)

Have you had any Hospitalizations in regards to your mental health or substance abuse? **Please explain list dates and hospital if known.**

Is there a family history of Mental Issues ?                      Yes                      No

**If so please explain?**

Any medical issues?                      Yes                      No

Are you currently on medication?                      Yes                      No

**(Please list name ,reason, dosage and prescriber)**

Have you ever been on medication?                      Yes                      No  
**please explain?**

Are you using or abusing substances?                      Yes                      No  
**Please explain?**

Have you used or abused substances in the past?                      Yes                      No  
**Please explain?**

In the PAST TWO WEEKS have you experienced any of the following: **(Place an X for All That Applies)**

Depression  
changes in your appetite  
sleep disturbance  
fatigue  
low self esteem  
thoughts of suicide  
getting into fights  
wishing you were dead  
manic episodes  
increased energy (even when not sleeping)  
racing thoughts  
panic attacks  
anxiety  
irritability  
muscle tension  
obsessions (intrusive repetitive thoughts)  
specific fears or phobias  
compulsions (repetitive acts that are unreasonable)  
anger  
forgetfulness  
easily distracted  
impulsivity  
hallucinations  
paranoia  
homicide thoughts  
mood swings  
Other Problems that are not listed above:

When did the problem start?

Have you ever witnessed or experienced a traumatic event that involved death or serious injury?

No

Yes

**Details:**

Any history of violence?

No                      Yes

Against Property

Against People

Only Thoughts of

**Details:**

Any history of:

Suicidal thoughts

Suicidal Gestures

Suicide Attempts

History of self-harm/self-mutilation

**Please Explain:**

Who is your support system?

**please list and who are they to you (example) mom , cousin , boyfriend ,wife. Please describe**

Tell me about your parents and about child hood :

History of abuse:

Yes

No

Verbal

Physical

Sexual

**Details:**

Who raised you?

How are your family relationships **please explain:**

How are your non family relationships **please explain:**

Marital Status:

- Married
- In a relationship
- Single
- Divorced
- Separated
- Widowed

Number of children:

Spirituality or belief system:

Sexuality as you identify for **example** Heterosexual Homosexual Bisexual :

Military Experience

No

Yes

What are your strength?

What are you good at?

What are your interest or hobbies?

Is there anything else you would like to tell me about yourself?

What are your current needs example housing, employment, education, food etc.?