

American Medical Center Mental Health Intake Form

PT ID: _____

Name (Last, First, M): _____ Martial Status: _____

Date of Birth: _____ Age: _____

Who referred you? _____

Presenting Problem (What are you struggling with?) _____

Do you have any significant stressors at the moment that make day-to-day life difficult (e.g., debt, legal proceedings, conflict with others)?

Current Medication List: _____

Do you experience physical pain on a regular basis? Yes No

If so, how intense is your pain typically on a scale from 0 (no pain) to 10 (intolerable pain):

_____/10

**Your
Medical History**

Disease/Condition	Yes/No	Disease/Condition	Yes/No	Disease/Condition	Yes/No
Hypertension		Pneumonia		Liver Disease	
Heart Palpitations		Thyroid Disorder		Cancer	
Heart Murmur		GI Disorder		Headaches	
Heart Attack		Bleeding Disorder		Anemia	
Stroke		Epilepsy /Seizures		Head trauma/Injury	
Diabetes		Kidney Disease		Concussion/TBI	
Asthma		Hepatitis		Other:	
COPD		HIV			

**Your
Substance Use History**

Substance	Current consumption – please specify how much and how often	Substance abuse in the past Yes/No
Alcohol		
Tobacco		
Recreational drugs		
Caffeine		

American Medical Center Mental Health Intake Form

PT ID: _____

**Your
Mental Health History**

Specify Condition(s) such as Depression, Anxiety, PTSD etc.	When did symptoms start?	When were you diagnosed?	Treatments (include outpatient therapy, inpatient hospitalizations, length of time and medications taken)

Have you ever engaged in impulsive or risk taking behaviors? Yes No

Have you ever engaged in self-harming behavior? Yes No

Have you ever attempted to kill yourself? Yes No

Have you ever intentionally hurt anyone or destroyed property? Yes No

Have you ever been arrested for violent behavior? Yes No

Family Mental Health History

Family Member	Specify Condition (e.g., Depression, Anxiety, Alcohol/Drug abuse, Self-harm behavior, Suicide attempts)

Educational and Occupational History

Highest grade completed/degree obtained: _____

I am currently () working () student () unemployed () disabled () retired

How long in present position? _____

What is/was your occupation? _____

Where do you work? _____

Have you ever served in the military? _____ Branch and when: _____

Social History

Where were you born, where did you grow up and who raised you? _____

How many siblings do you have _____ and where are you in the birth order? _____

Please briefly describe your childhood _____

Growing up, did you have any of the following?

Academic problems? Yes _____ No _____

Behavioral problems? Yes _____ No _____

Disruptions (parents divorced, loss, etc.)? Yes _____ No _____

Developmental delays (such as not walking, talking, reading, writing on time)? Yes _____ No _____

Medical problems? Yes _____ No _____

Mental health problems? Yes _____ No _____

Good support? Yes _____ No _____

Friends? Yes _____ No _____

Hobbies? Yes _____ No _____

Have you **ever** experienced?

Physical abuse	Yes / No	
Emotional abuse	Yes / No	
Sexual abuse	Yes / No	
Abandonment/Neglect	Yes / No	

AND . . . finally ☺ – please provide me with the following important aspects of your life:

What do you consider your strengths? _____

Who is a support source for you these days? _____

What do you like to do for fun? _____

Thank you for taking the time completing this information prior to our first session. I look forward to meeting you.

Dr. Claudia McCausland