Mental health intake assessment template

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INTAKE ASSESSMENT

Client _____

Date _____

Clinician _____

Referral source _____

Emergency contact recorded _____

CONSENT AND CONFIDENTIALITY

Consent to assessment and treatment obtained:

Limits of confidentiality explained, and client's understanding:

PRESENTING PROBLEM

Why the client is seeking help now, in their own words:

When it started, how often, how severe, what makes it better or worse:

Effect on work, study, relationships and daily life:

HISTORY

Past mental health care, diagnoses given, hospital stays:

Physical health and current medications (as reported):

Alcohol, drug and tobacco use:

Family mental health history:

Social situation (home, relationships, work, money, legal):

RISK

Thoughts of self-harm or suicide, now and in the past (asked, and the answer):

Thoughts of harming others (asked, and the answer):

Safety concerns at home, and anyone else at risk:

Protective factors:

MENTAL STATUS

Appearance, behavior, speech, mood, affect, thought, perception, cognition, insight, judgment:

SCREENING MEASURES

Measures used and scores:

STRENGTHS AND GOALS

What the client is good at, and who supports them:

What the client hopes will change:

CLINICAL IMPRESSION

Summary of the main concerns and contributing factors:

RECOMMENDATIONS

Type and frequency of service, referrals, next appointment:

Signature and credentials:

Educational template, not medical or legal advice. Follow your employer and regulator rules.