**Intake Assessment Template**

Video Telehealth (*Y/N*):

Client location for session (*e.g., home; state of residence*):

Gender:

Marital Status:

Race/Ethnicity:

Chief Complaint/Presenting Problem:

Current Symptoms:

Mental Health Status:

Developmental History:

Mental Health History:

 Past mental health services:

 History of trauma:

 Family history of mental illness:

Risk Assessment (*SI, HI, DV, unsafe environment*):

 If Yes, Identify safety plan:

Education History:

Vocational History:

Living Environment:

Social Support:

Community Resources/community involvement:

Legal issues:

Substance Use:

Patient Strengths:

Barriers:

Baseline Clinical Questionnaire results:

* PHQ-9:
* GAD-7:
* Functional assessment:

Additional Information:

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Diagnosis (*include rule-outs*):

Plan for treatment (*e.g., weekly individual sessions; family therapy*):

Next Session:

*Electronically signed and dated with provider name and credentials*