

# CLIENT INTAKE ASSESSMENT

Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## PRESENTING CONCERN

Primary reason for seeking services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did this concern begin? \_\_\_\_\_

What has been tried previously? \_\_\_\_\_

\_\_\_\_\_

## CURRENT SITUATION

Living situation:  Independent  Family  Supported  Other: \_\_\_\_\_

Employment status:  Employed  Unemployed  Student  Retired

Disability pension  Other: \_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Current support services: \_\_\_\_\_

\_\_\_\_\_

## RISK ASSESSMENT

Current suicide risk:  Low  Moderate  High

Current violence risk:  Low  Moderate  High

Substance use concerns:  None  Mild  Moderate  Severe

Mental health concerns: \_\_\_\_\_

\_\_\_\_\_

## GOALS FOR SERVICE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_