Patient Intake Form

Facility & Patient Information

Facility Information			
Facility	_____		
Unit/Department	_____		
Date/Time	_____		
Clinician	_____		
Patient Information			
Patient Name	_____	**Alias**	_____
Date of birth	____ / ____ / _____	**Gender**	☐ Male ☐ Female ☐ Other: _____
Address	_____ _____ _____		

Photos (optional): Attach up to **4** images per site workflow. Insert images as thumbnails below.

Photo	Thumbnail (1.5" wide)	Notes (optional)
1		_____
2		_____
3		_____

4		_____

Contact initiated by: ☐ Self ☐ Family ☐ Friend ☐ Public ☐ Law enforcement
Reporting party information: _____

Presenting Problem

Initial complaint / report: _____
Narrative of current situation (up to 250 words):

In this community for how long: _____
Previous locations: _____
Personal/Social history: _____
Living situation: ☐ Housed alone ☐ Housed with friends/family ☐ Unhoused/shelter ☐ Unhoused/streets
Living situation comments: _____
Family history of mental illness: ☐ No known history ☐ Known history (specify): _____

Mental Health Review

Domain	Not assessed	None	Comments
Sleep problems	☐	☐	_____
Appetite/Weight/Eating disorder changes	☐	☐	_____
Concentration / Energy changes	☐	☐	_____
Decreased interest or pleasure	☐	☐	_____
Guilt / hopelessness / worthlessness	☐	☐	_____
Suicidal or parasuicidal behaviors	☐	☐	_____

Physical complaints	☐	☐	_____
Sexual health concerns (libido changes, risky behavior)	☐	☐	_____
Violence / aggression / threatening behavior	☐	☐	_____
Criminal history	☐	☐	_____
Mania/hypomania symptoms (elevated mood)	☐	☐	_____
Panic attacks / social phobia / generalized anxiety	☐	☐	_____
Obsessive-compulsive spectrum	☐	☐	_____
Trauma history / PTSD	☐	☐	_____
Psychotic disturbance (hallucinations, delusions, disorganization)	☐	☐	_____

Psychiatric Treatment History

Item	None	Comments
Previous therapy	☐	_____
Previous inpatient substance use treatment	☐	_____
Previous psychiatric treatment	☐	_____
Previous medication trials	☐	_____
Previous psychiatric hospitalizations	☐	_____
Previous diagnoses	☐	_____

Currently treated with ☐ _____
_____

Previous suicide attempts ☐ _____
_____

Access to guns ☐ _____
_____

Substance Use

Substance	None	Frequency	Last use	Amount	Comments
Tobacco	☐	_____	_____	_____	_____
Alcohol	☐	_____	_____	_____	_____
Withdrawal symptoms	☐	Describe: _____			
Marijuana	☐	_____	_____	_____	_____
Intravenous use	☐	_____	_____	_____	_____
Other drugs	☐	_____	_____	_____	_____
Overall concerns	☐	Summary: _____			

Current Medications

Category	Applies	Current medication(s) / notes
Antidepressants	☐	_____

Common options

Medication	Dose	Freq	Last Taken	Presently Taking
Sertraline (Zoloft)	_____	_____	_____	☐
Fluoxetine (Prozac)	_____	_____	_____	☐
Escitalopram (Lexapro)	_____	_____	_____	☐
Citalopram (Celexa)	_____	_____	_____	☐
Paroxetine (Paxil)	_____	_____	_____	☐
Venlafaxine (Effexor)	_____	_____	_____	☐

Duloxetine (Cymbalta)	_____	_____	_____	☐
Bupropion (Wellbutrin)	_____	_____	_____	☐
Mirtazapine (Remeron)	_____	_____	_____	☐
Amitriptyline (Elavil)	_____	_____	_____	☐

Notes

_____

_____

Antipsychotics ☐ _____

Common options

Medication	Dose	Freq	Last Taken	Presently Taking
Risperidone (Risperdal)	_____	_____	_____	☐
Olanzapine (Zyprexa)	_____	_____	_____	☐
Quetiapine (Seroquel)	_____	_____	_____	☐
Aripiprazole (Abilify)	_____	_____	_____	☐
Ziprasidone (Geodon)	_____	_____	_____	☐
Paliperidone (Invega)	_____	_____	_____	☐
Haloperidol (Haldol)	_____	_____	_____	☐
Chlorpromazine (Thorazine)	_____	_____	_____	☐
Clozapine (Clozaril)	_____	_____	_____	☐
Lurasidone (Latuda)	_____	_____	_____	☐

Mood stabilizers ☐ _____

Common options

Medication	Dose	Freq	Last Taken	Presently Taking
Lithium (Eskalith, Lithobid)	_____	_____	_____	☐
Valproate/divalproex (Depakene, Depakote)	_____	_____	_____	☐
Lamotrigine (Lamictal)	_____	_____	_____	☐
Carbamazepine (Tegretol)	_____	_____	_____	☐
Oxcarbazepine (Trileptal)	_____	_____	_____	☐
Topiramate (Topamax)	_____	_____	_____	☐
Gabapentin (Neurontin)	_____	_____	_____	☐
Levetiracetam (Keppra)	_____	_____	_____	☐
Clonazepam (Klonopin)	_____	_____	_____	☐
Quetiapine (Seroquel)	_____	_____	_____	☐

Anxiety _____

Common options

Medication	Dose	Freq	Last Taken	Presently Taking

Buspirone (Buspar)	_____	_____	_____	☐
Hydroxyzine (Atarax, Vistaril)	_____	_____	_____	☐
Propranolol (Inderal)	_____	_____	_____	☐
Clonazepam (Klonopin)	_____	_____	_____	☐
Lorazepam (Ativan)	_____	_____	_____	☐
Alprazolam (Xanax)	_____	_____	_____	☐
Diazepam (Valium)	_____	_____	_____	☐
Sertraline (Zoloft)	_____	_____	_____	☐
Escitalopram (Lexapro)	_____	_____	_____	☐
Venlafaxine (Effexor)	_____	_____	_____	☐

Notes

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_____

Stimulants ☐ _____

Common options

Medication	Dose	Freq	Last Taken	Presently Taking
Methylphenidate (Ritalin, Concerta)	_____	_____	_____	☐
Dexmethylphenidate (Focalin)	_____	_____	_____	☐
Mixed amphetamine salts (Adderall)	_____	_____	_____	☐
Dextroamphetamine (Dexedrine)	_____	_____	_____	☐
Lisdexamfetamine (Vyvanse)	_____	_____	_____	☐
Modafinil (Provigil)	_____	_____	_____	☐
Armodafinil (Nuvigil)	_____	_____	_____	☐
Atomoxetine (Strattera)	_____	_____	_____	☐
Guanfacine ER (Intuniv)	_____	_____	_____	☐
Clonidine ER (Kapvay)	_____	_____	_____	☐

Notes

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Sleep ☐ _____

Common options

Medication	Dose	Freq	Last Taken	Presently Taking
Melatonin	_____	_____	_____	☐
Trazodone (Desyrel)	_____	_____	_____	☐
Doxepin (Silenor)	_____	_____	_____	☐
Zolpidem (Ambien)	_____	_____	_____	☐
Eszopiclone (Lunesta)	_____	_____	_____	☐

Zaleplon (Sonata)	_____	_____	_____	☐
Ramelteon (Rozerem)	_____	_____	_____	☐
Suvorexant (Belsomra)	_____	_____	_____	☐
Hydroxyzine (Atarax, Vistaril)	_____	_____	_____	☐
Quetiapine (Seroquel)	_____	_____	_____	☐

Notes

_____

_____

Other ☐ _____

Common options

Medication	Dose	Freq	Last Taken	Presently Taking
Prazosin (Minipress)	_____	_____	_____	☐
Naltrexone (Revia, Vivitrol)	_____	_____	_____	☐
Buprenorphine/naloxone (Suboxone)	_____	_____	_____	☐
Methadone (Methadose, Dolophine)	_____	_____	_____	☐
Nicotine replacement (Nicoderm, Nicorette)	_____	_____	_____	☐
Disulfiram (Antabuse)	_____	_____	_____	☐
Acamprosate (Campral)	_____	_____	_____	☐
Naloxone (Narcan)	_____	_____	_____	☐
Ondansetron (Zofran)	_____	_____	_____	☐
Prochlorperazine (Compazine)	_____	_____	_____	☐

Notes

_____

_____

Disposition

Collateral data ☐ Records reviewed ☐ No records available ☐ Family/friends: _____

Collateral notes _____

Disposition ☐ In-patient: _____ ☐ Out-patient

Protective factors ☐ Denies suicidal/homicidal intent ☐ Stated reasons to live ☐ Stable support system ☐ Meaningful relationships

Outpatient plan ☐ Will see existing mental health provider ☐ Will seek mental health treatment ☐ Will seek C/D treatment

Education / follow-up ☐ Given treatment provider phone #s ☐ Warned about consequences of not following discharge plans

Notes _____

Risk level ☐ Low ☐ Moderate ☐ High ☐ Chronic Risk ☐ Acute Risk

Rationale _____

Clinician name: _____ **Date:** _____

Clinician signature: _____