

BRIEF PSYCHIATRIC INTAKE

Date: ___ Therapist: _____

Client: _____ DOB: __ Age: ____

Phone: __ Email: _____

Emergency Contact: __ Phone: ____

Insurance: __ Referring Provider: _____

CHIEF COMPLAINT

"In your own words, what brings you here today?"

CURRENT SYMPTOMS (Check all that apply)

☐ Depression ☐ Anxiety ☐ Panic ☐ Sleep issues ☐ Appetite changes ☐ Concentration
☐ Memory ☐ Mood swings ☐ Irritability ☐ Anger ☐ Suicidal thoughts ☐ Self-harm ☐
Substance use ☐ Trauma symptoms ☐ Relationship issues ☐ Work/school problems ☐
Other: _____

Severity (1-10): _ Duration: _____

MENTAL STATUS

Appearance: ☐ Appropriate ☐ Disheveled ☐ Other: ___ **Mood:** __ **Affect:** ____
Speech: ☐ Normal ☐ Rapid ☐ Slow ☐ Other: __ **Thought Process:** ☐ Linear ☐
Tangential ☐ Other: _____ **Orientation:** ☐ x3 ☐ x2 ☐ x1 **Memory:** ☐ Intact ☐
Impaired **Insight:** ☐ Good ☐ Fair ☐ Poor **Judgment:** ☐ Good ☐ Poor

SAFETY ASSESSMENT

Suicidal Ideation: ☐ None ☐ Passive ☐ Active ☐ With plan **Details:** _____ **Risk Level:** ☐ Low ☐ Moderate ☐ High **Protective Factors:** _____

PSYCHIATRIC HISTORY

Previous Treatment: ☐ None ☐ Therapy ☐ Medication ☐ Hospitalization **Current Medications:** _____ **Family History:** ☐ Depression ☐ Bipolar ☐ Anxiety ☐ Substance use ☐ Suicide ☐ Other: _____

SUBSTANCE USE

Alcohol: ☐ None ☐ Social ☐ Regular ☐ Daily Amount: __ **Drugs:** ☐ None ☐ Cannabis ☐ Other: _____ **Tobacco:** ☐ None ☐ Cigarettes ☐ Vaping Amount: ____

SOCIAL SUPPORT

Relationship Status: ☐ Single ☐ Partnered ☐ Married ☐ Divorced **Living Situation:** ☐ Alone ☐ Family ☐ Partner ☐ Other: _____ **Employment:** ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Student **Support System:** ☐ Strong ☐ Moderate ☐ Limited ☐ None

TREATMENT GOALS

Client's Goals: 1. _____ 2. _____ 3. _____

CLINICAL IMPRESSIONS

Primary Concern: _____ **Recommended Treatment:** ☐ Weekly therapy ☐ Bi-weekly ☐ Monthly ☐ Psychiatric referral ☐ Medical referral ☐ Other: ____

Next Appointment: _____

Therapist Signature: _____ Date: _____

Confidential - Protected by HIPAA