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Intake Form

Date: _____

Client Name: _____ DOB: _____
Client Name: _____ DOB: _____
Marital Status: _____

Others in household/relationship: _____

Presenting Problem (reason for treatment, symptoms, onset, duration)

Related History (same/similar problem, recent life changes, etc.)

Additional Stressors

Desired outcome for treatment

Previous counseling/treatment (incl. Substance abuse treatment) and outcome

Strengths

Support system

Current medical status, incl. Mental health diagnoses/medical treatment

Educational/vocational training, current work status, future career goals

Drug/Alcohol Use History

	Ever used:	**Use Now:**	**Current rate of use:** (i.e. 2/week, 5/day)	**Effects of use:**
Cigarettes	Y N	Y N		
Alcohol	Y N	Y N		
Marijuana	Y N	Y N		
Other Stimulants:				
Cocaine	Y N	Y N		
Crack Cocaine	Y N	Y N		
Methamphetamine	Y N	Y N		
Ecstacy	Y N	Y N		
Ritalin	Y N	Y N		
Other Depressants:				
Benzodiazapines (valium, xanax, ativan	Y N	Y N		
Barbituates (phenobarb, seconol)	Y N	Y N		

Drug/Alcohol Use History (cont.)

	Ever used:	Use Now:	Current rate of use:	Effects of use:
Opioids:				
Heroin	Y N	Y N		
Morphine	Y N	Y N		
Codine	Y N	Y N		
Other:				
Steroids	Y N	Y N		
Inhalants	Y N	Y N		
Other (what?)	Y N	Y N		

Other important drug/alcohol use information:

Current Suicide Risk

Thoughts of suicide?
Current Plan?
Current Intent?
Prior Attempts?

Current Harm to Others Risk

Thoughts of harming others?
Current Plan?
Current Intent?
Prior Attempts?

Brief Developmental History (childhood milestones, important factors in childhood)

Legal Issues (significant past issues, current issues)

Any other information that may be helpful