



Mental Health Intake Assessment

Name: _____

Date of Birth: _____

Welcome to Borum and Associates, LLC. Before your first appointment, we'd like to know something about you and your concerns. This will assist us in helping you find what you are looking for.

What kinds of services are you seeking? (Circle)

Individual Counseling

Consultation

Couples counseling

Group counseling

Brief problem

Letter/documentation

Alcohol/Drug assessment

Work life issues

Academic/Education

Consulting

Please describe the primary issue for your visit.

There are some services that we are presently unable to offer or offer on a limited basis. If you require medical attention or a specialist, you will be referred to the most appropriate treatment options.

Psychiatric Hospitalization/Past Treatment:

Mental Health Professional / Clinic:

Situation/Condition treated:

Dates seen:

What medications, if any, are you currently taking or considering resuming?

The mental health professional that you will see on your first appointment will review the information that you have provided.

Phone
 number:

May we leave a confidential message?

Yes

No

Age:

Date of birth:

Gender:

E-Mail Address: _____ @ _____

If you are feeling acutely suicidal you must call 911 or the crisis hotline at 863-519-3744.

Client Signature:

Date: