

## Sample Mental Health Intake Questions

**mental health intake form - life balance** - mental health intake form please complete all information on this form and bring it to the first visit. it may seem long, but most of the questions require only a check, so it will go quickly. **specialty behavioral health - intake form** - specialty behavioral health - intake form this information you provide will be used to plan your treatment and is held strictly confidential. you may leave any **intake assessment form - counseling solutions** - intake assessment form please provide the following information and answer the questions below. please ... family mental health history in the section below, identify if there is a family history of any of the following. if yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle ect.). please circle list family member alcohol/substance ... **intake questionnaire for new patients (adult)** - psy family services adult intake questionnaire page 1 of 8 intake questionnaire for new patients (adult) this questionnaire is for the purpose of getting to know you better in order to provide the best possible mental health **child intake form - children's mental health services** - children's mental health services/reach, inc. 35382 hwy 2 grand rapids, mn 55744 c. excessive worry / fearfulness nightmares anxiety or panic attacks frequent tantrums **1-2014 adolescent intake form** - all mental health records for children age 16 or older. all information concerning pregnancy, sexual activity, std's, and drug/alcohol use or abuse, regardless of the child's age. **childadol intake form - mceachernumc** - family mental health problems who? mother hyperactivity father sexually abused stepmother depression stepfather manic depression siblings suicide anxiety panic attacks obsessive-compulsive other relatives anger/abusive ... **this is a fictitious case. all names used in the document ...** - 1 this is a fictitious case. all names used in the document are fictitious. recipient information provider information name: jill sprat name: thomas thumb, ph.d. **sample new patient intake form - fenway health** - sample new patient intake form appendix b 487 date: \_\_\_\_\_ patient intake form we'd like to welcome you as a new patient. please take the time to fill out this form as accurately as possible so we can most appropriately address your health needs. the confidentiality of your health information is protected in accordance with federal protections for the privacy of health information under the ... **welcome letter salathe behavioral health, inc.** - limits of confidentiality salathe behavioral health, inc. the contents of a counseling, intake, or assessment session are strictly confidential. **responding to domestic violence: sample forms for mental ...** - copyright © 2004 national center on domestic violence, trauma & mental health page 8 domestic violence danger assessment form form 2.2, page 1/2

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