



Day & Nite Behavior Services

MENTAL HEALTH CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client . This form is used to collect information about new clients and for internal purposes only. The information you provide is confidential and will be treated accordingly.

PERSONAL INFO

Name: _____ Date: _____ Date of Birth: _____

What are the problems for which you are seeking help?

Current Symptoms: (check all that apply)

- | | | |
|---|---|---|
| ☐ Racing thoughts | ☐ Fatigue | Increased libido |
| ☐ Depressed mood | ☐ Suspiciousness | ☐ Hallucinations |
| ☐ Impulsivity | ☐ Loss of interest | ☐ Excessive energy |
| ☐ Sleep pattern disturbance | ☐ Change in appetite | ☐ Decreased libido |
| ☐ Avoidance | ☐ Anxiety attacks | ☐ Decreased need for sleep |
| ☐ Excessive worry | ☐ Excessive guilt | ☐ Crying spell |
| ☐ Forgetfulness | ☐ Increased risky behavior | ☐ _____ |
| ☐ Unable to enjoy activities | ☐ Increased irritability | _____ |

PAST MEDICAL HISTORY

Do you have any allergies? If yes, specify them:

List any prescription medication that you are currently taking and how often you are taking them:

Medication Total Daily Dosage Estimated Start Date

Current over-the-counter medication or supplements: _____

Current medical problems: _____

ACKNOWLEDGMENT

Signature: _____ Date: _____

Print Name: _____

Guardian Signature (if required) _____ Date: _____

Print Name: _____

Emergency Contact: _____ Phone Number: _____