

Mental Health Intake Form Template

Patient Information					
First Name Taryn		Last Name Moore		Preferred Name Taryn	
Gender Female		Preferred Pronouns She/her		Patient Identifier (if known) 3857	
Date of Birth 19/07/1998		Marital Status Single			
Address 123 Anywhere St, Suburbia			City Portland		State OR
Zip Code 320			Email example@email.com		
Preferred Phone Number 000 0000					
Emergency Contact					
Full Name Gemma Moore		Relationship Mother		Contact Number 000 0000	
Full Name Jake Moore		Relationship Brother		Contact Number 000 0000	
Health and Medical Information					
Primary Care Physician Dr Cameron Wilson		Address 138 Street, Suburb		Contact Number 000 0000	
Psychiatrist Dr Jane Turner		Address 149 Street, Suburb		Contact Number 000 0000	
Please list any medical conditions MDD					
Please list any current medication Sertraline hydrochloride, 50mg/day					
Insurance Information (If Applicable)					
Insurance Carrier Health4U		Insurance Plan Plan B		Contact Number 00 0000	
Policy Number 49458		Group Number 30485		Social Security Number 000 00 0000	
Employment Status					
☒ Employed ☐ Self Employed ☐ Unemployed ☐ Other _____					
Occupation Sales Consultant		Industry Retail		Company Name BigTech Solutions	
Company Address 123 Street, Suburb			City Portland		State OR
Zip Code 294					
Availability					
Please describe your availability throughout the week Wednesdays, 3-6pm, and Fridays 9-12pm					

Sample Mental Health Intake Form

PT Brinkman

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the patient name bar.

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