

# Mental Health Intake Form Template

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

# Sample Mental Health Intake Form

**Lingsheng Yao**



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