Mental Health Intake and Clinical Assessment Form

Instructions: Complete all sections of this assessment form. This document is formatted for clinical record-keeping and printing.

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1. Administrative & Client Demographics

Assessment Date:		Clinician Name/Credentials:	
Client Full Name:		Date of Birth:	
Gender/Pronouns:		Phone Number:	
Email Address:		Physical Address:	
Emergency Contact Name:		Emergency Contact Phone/Relationship:	

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2. Referral Information & Chief Complaint

Referral Source (Who referred the client and reason for referral):

Chief Complaint / Client's Description of Presenting Problems (In client's own words):

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3. History of Presenting Illness & Symptomatology

Onset, Duration, and Severity of Symptoms:

Precipitating Events / Stressors:

Current Coping Mechanisms & Resources:

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4. Psychiatric and Medical History

Previous Mental Health Diagnoses & Treatment History (Therapy, hospitalization, dates):

Current Psychiatric Medications (Name, dosage, prescribing doctor, compliance):

Relevant Medical Conditions & Chronic Illnesses:

Substance Use History (Alcohol, drugs, tobacco, caffeine - frequency and duration):

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5. Family and Social History

Family History of Mental Illness or Substance Abuse:

Social Support System, Living Situation, and Employment Status:

Developmental, Educational, or Trauma History:

6. Mental Status Examination (MSE)

Clinician: Describe observations for each category in the spaces provided.

Appearance (e.g., grooming, dress, posture):	
Behavior & Psychomotor Activity (e.g., agitation, eye contact):	
Speech & Language (e.g., rate, volume, coherence):	
Mood (Client's subjective emotional state):	
Affect (Clinician's objective observation of emotion):	
Thought Process (e.g., logical, tangential, flight of ideas):	
Thought Content (e.g., delusions, obsessions, phobias):	
Perceptual Disturbances (e.g., hallucinations):	
Cognition, Attention & Memory:	
Insight & Judgment:	

7. Safety and Risk Assessment

Suicidal Ideation (Presence, intent, plan, history of attempts):

Homicidal Ideation / Risk to Others (Presence, intent, plan, target):

Non-Suicidal Self-Injury / Risk of Self-Neglect:

8. Clinical Summary and Diagnostic Impression

Clinical Formulation / Summary of Findings:

Provisional DSM-5-TR / ICD-10 Diagnoses & Codes:

9. Preliminary Treatment Plan & Recommendations

Recommended Level of Care & Modality (e.g., Individual, Group, Family, Outpatient, IOP):

Treatment Goals & Target Objectives:

Referrals Made (e.g., Psychiatry, Primary Care, Support Groups):

Clinician Signature: Date:

Client Signature (Consent to Treatment): _____ Date: _____