

INTAKE ASSESSMENT

Client Name: _____ **Date of Birth:** _____ **Date of Intake:** _____

Issues of Clinical Concern (Based on biopsychosocial and personal interview)

Client's stated purpose for counseling: _____

Mental Health: _____

Legal: _____

Abuse: _____

Addiction/Substance Use: _____

Medical: _____

Educational: _____

Occupational/Vocational: _____

Social: _____

Family History: _____

Developmental: _____

Sexual: _____

Nutrition: _____

Spiritual: _____

Other: _____

Other: _____

SAMPLE

INTAKE ASSESSMENT

Clinical Observations

Appearance

- WNL
- Unkempt
- Dirty
- Meticulous
- Unusual

- WNL
- Flat
- Depressed
- Manic
- Anxious
- Fearful
- Irritable

- Withdrawn
- Defensive
- Oppositional
- Hostile
- Manipulative
- Hyperactive
- Impaired
- Threatening
- Impulsive

- Illogical
- Delusional
- Paranoid
- Hallucinations
- Grandiose
- Obsessions
- Dissociative

Speech

- WNL
- Pressured
- Poverty of
- Impaired

- Angry
- Labile
- Incongruent
- Tearful

Behavior

- WNL

Cognitions

- WNL
- Loose Assoc.
- Scattered

Clinical Impressions: _____

Insight/Judgment:		Orientation	
Reliable informant	Yes/No	Oriented to time	Yes/No
Knows needs	Yes/No	Oriented to place	Yes/No
Minimizes problems	Yes/No	Oriented to person	Yes/No
Judgment	Good/Bad/Air	Recent memory	Yes/No
		Immediate	Yes/No

Preliminary Diagnostic Impressions:

_____ DSM Code _____ Diagnoses

Primary diagnosis as focus of treatment: _____

Personality factors: _____

Medical factors: _____

Psychosocial factors (V-codes): _____

Primary Defense Mechanisms: _____

Therapist's Signature: _____ Date: _____