INTAKE ASSESSMENT

Client Name: **DOB:** **Date of Intake:**

Appearance	**Mood/Affect**	**Behavior**	**Cognitions**
☐ WNL	☐ WNL	☐ WNL	☐ WNL
☐ Unkempt	☐ Flat	☐ Guarded	☐ Loose Assoc.
☐ Dirty	☐ Depressed	☐ Withdrawn	☐ Scattered
☐ Meticu	☐ Manic	☐ Defensive	☐ Blocked
☐ Unus	☐ Anxious	☐ Oppositional	☐ Illogical
	☐ ful	☐ Hostile	☐ Delusional
Speech	☐ able	☐ Manipulative	☐ Paranoid
☐ WN	☐ gry	☐ Hyperactive	☐ Hallucinations
☐ Press	☐ bile	☐ Impaired	☐ Grandiose
☐ Povert	☐ congru	☐ tening	☐ Obsessions
☐ Impai	☐ earful	☐ sive	☐ Dissociative

Insight/Ju ent **Sens m**

Reliable in mant	Ye	No☐	Orie to time	Ye	No☐
Knows needs help	Y	N	Or d to pl	Y	No☐
Minimizes problems	Y	N	O d to n		No☐
Judgment	Good☐	r☐		s☐	No☐
			recall	es☐	No☐

Statement of Clinical Impressions:

Preliminary Diagnostic Impressions:

Primary problem:

Drug or alcohol or other substance issues:

Health Issues:

Psychosocial and environmental stressors:

Primary defense mechanisms:

Therapist's Signature: _____ **Degree**: ____ **Title** _____ **Date**: _____