INTAKE ASSESSMENT



Date of Assessment:       County of Residence:

Informant (s) & Reliability:      Referral Source:

Start Time:       End Time:       Pt. Involvement:

**PERSONAL HISTORY**

**Childhood/Adolescent History (birth, developmental milestones, past behavioral concerns, abuse):**

**Social Relationships:**

Strengths/Supports:

Stressors/Problems:

Recent Changes:

**Cultural/Ethnic Considerations:**

Strengths/Supports:

Stressors/Problems:

Beliefs/Practices to Incorporate into Treatment:

**Spiritual/Religious Considerations:**

Strengths/Supports:

Stressors/Problems:

Beliefs/Practices to Incorporate into Treatment:

Recent Changes:

**Legal (status, impact, stressors):**

**Education:**

Strengths:

Challenges:

**Employment/Vocational History:**

Strengths/Supports:

Stressors/Problems:

**Economic/Financial Status:**

**Military:**

**Leisure/Recreational:**

Strengths/Supports:

Stressors/Problems:

**FAMILY HISTORY**

**Familial and other Significant Relationships** *(family of origin, immediate family, composition, relationships)***:**

Strengths/Support:

Stressors/Problems:

Recent Changes:

Family Mental Health History:

**HISTORY OF CONDITION**

**History of medical or psychological condition(s):**

**Substance/Chemical Use History (treatment hx):**

**Life Style (independent, dependent):**

**Additional Information**

**Summary and Recommendations:**

     

**Clinician Signature Date**