

Intake Questionnaire

Please complete form and return to our Intake department either by email at intakes@primebehavioralhealth.org or secure fax: 617-481-5296

| | |
|--------------------|--|
| Name | |
| Phone # | |
| Date Of Birth | |
| Services requested | |
| Preferred Pharmacy | |

Are you on any current Medications (Psychiatric & Non- Psychiatric Medications): Yes/ No
 Please bring or have available your most current medication list for your first appointment.
 Please include: Name of medication, Dosage, frequency
 You can have this faxed to us directly from your pharmacy

1. Do you have any cultural needs or preferences? (Male female/Language)
2. In your own words tell me the Reason for seeking appointment, what are your symptoms:
3. How long have you experienced these symptoms :
4. What are your goals for treatment, what would you like to accomplish?

| Current/ Previous Provider | Address & Phone Number | Dates Seen |
|----------------------------|------------------------|------------|
| Primary Care | | |
| Therapist | | |
| Psych Prescriber | | |

Describe your Current Medical Health Status: Excellent Good Fair Poor

Known Allergies to Medications:

Date of last physical:

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Any Significant Medical Illnesses:

Any Significant Medical Procedures:

Do you have a history of head trauma or seizures?

Any Past Treatment or hospitalizations for your mental health? Yes No

If yes when and what was the reason/treatment

Have you ever had thoughts of hurting yourself or someone else?

If Yes, when?

Any History of suicide attempt(s)?

If yes, when, and were you hospitalized?

Any History of self injury? (type of self injury ex cutting?)

If yes, when was the last time?

Use of any substances:

| Substance | Amount | Method | Age of 1st use | Date of last use | Frequency of use |
|-----------|--------|--------|----------------|------------------|------------------|
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Have you ever been to a Detox program?

If yes, what was the name and dates of attendance?

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Legal Questions:

Any involvement with the Dept. Children & Family Services? Yes No

Please explain:

Any current legal problems or involvement with the Courts?

Are you on probation?

History of violent assault?

By you or against you?

If yes, when was the last time?