# Mental Health Intake Form

**Purpose:** This form is used by mental health professionals to collect important background and psychological health information from new patients. It helps providers better understand the current concerns, personal and medical history, and other relevant factors to provide quality care.

## Personal Information

* **Full Name:** {fullName}
* **Date of Birth:** {dateOfBirth}
* **Gender:** {gender}
* **Phone Number:** {phoneNumber}
* **Email Address:** {email}
* **Address:** {address}

## Emergency Contact

* **Name:** {emergencyContactName}
* **Phone:** {emergencyContactPhone}
* **Relationship:** {emergencyContactRelation}

## Insurance Information

{#hasInsurance}

* **Insurance Provider:** {insuranceProvider}
* **Policy Number:** {policyNumber}
* **Group Number:** {groupNumber}
* {/hasInsurance}
	+ **Have you previously received mental health services?** {previousTreatment}
	+ **If yes, when and where?** {previousTreatmentDetails}
	+ {conditionName}
* {/diagnosedConditions}
	+ **Current Medications:** {currentMedications}
	+ **Past or Current Medical Conditions:** {medicalConditions}
	+ **Do you currently use alcohol?** {alcoholUse}
	+ **Do you currently use recreational drugs?** {drugUse}
	+ **History of substance abuse treatment?** {substanceTreatmentHistory}
	+ **Lives with:** {livingSituation}
	+ **Relationship status:** {relationshipStatus}
	+ **Occupation:** {occupation}
	+ **{relation}:** {condition}
* {/familyMentalHealthIssues}