



General overview Intake form

Are there any ***immediate*** challenges or issues that need our attention?

Yes No If yes, please describe.

Are you *presently* experiencing suicidal thoughts? Yes No If yes, please describe.

Has anyone in your family ever attempted, or committed suicide? Yes No
If yes, please describe.

Please list any medications you are presently taking (dosage/amount and what the medication is for).

Name: _____

Date: _____

Signature: _____