

**CARBON-MONROE-PIKE MH/DS  
INTAKE FORM**

Consumer Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Intake: \_\_\_\_\_ Social Security #: \_\_\_\_\_

AGE: \_\_\_\_\_ Consumer Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Who prompted the consumer to get assistance? \_\_\_\_\_

Dates and places of:

Crisis Residence Admissions: \_\_\_\_\_

Psychiatric Hospital Admissions: \_\_\_\_\_

Most recent Admission (when and where): \_\_\_\_\_

Recent Crisis Involvement: \_\_\_\_\_

Outpatient Treatment History (check all that apply):

Individual Therapy

Group Therapy

Family Therapy

Partial Hospitalization

Case Management

Family Based

BHRS

SAP

Psych-Rehab

Other: \_\_\_\_\_

Current Providers: \_\_\_\_\_

Presenting Problems: \_\_\_\_\_

Current Medication:

\_\_\_\_\_

History of Suicidal / Self-Destructive or Homicidal / Assault Behaviors:                      YES                      NO

If YES, explain:

\_\_\_\_\_

Medical History:

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D & A Use:            YES            NO

If YES, explain:

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D & A Treatment History:

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Involvement with Child Welfare System:            CURRENT            PAST            NEVER

Explain:

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C&Y Worker: \_\_\_\_\_ County: \_\_\_\_\_ Phone #: \_\_\_\_\_

Involvement with the Criminal Justice System?            YES            NO

If YES, explain:

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Probation Officer: \_\_\_\_\_ County: \_\_\_\_\_ Phone #: \_\_\_\_\_

Education History:

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Name of School: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Academic Performance:            GOOD            FAIR            POOR

Behavior in School is:            GOOD            FAIR            POOR

Was or is the consumer involved with Special Education?            YES            NO

LEARNING SUPPORT

EMOTIONAL SUPPORT

LIFE SKILLS

GIFTED

OTHER

Community Involvement:

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**MENTAL STATUS EXAM (Check all that apply)**

|                        |                       |                         |                    |                          |
|------------------------|-----------------------|-------------------------|--------------------|--------------------------|
| <b>Appearance:</b>     | Dressed Appropriately | Dressed Inappropriately |                    |                          |
| <b>Hygiene:</b>        | Good                  | Fair                    | Poor               |                          |
| <b>Behavior:</b>       | Kinetic<br>_____      | Lethargic               | Followed direction | Followed with assistance |
|                        | Defiant               |                         |                    |                          |
| <b>Speech:</b>         | Pressured             | Normal                  | Slow               | Loud                     |
|                        | Appropriate Volume    | Soft                    | Coherent           | Incoherent               |
| <b>Mood:</b>           | Congruent to Content  | Incongruent to Content  |                    |                          |
| <b>Thought:</b>        | Logical               | Illogical               | Psychotic          | Delusional               |
| <b>Hallucinations:</b> | Auditory              | Visual                  | Tactile            | Olfactory                |
|                        | Gustatory             | Absent                  |                    |                          |
| <b>Cognition:</b>      | Person                | Place                   | Time               |                          |
| <b>Orientation to</b>  |                       |                         |                    |                          |
| <b>Concentration:</b>  | Good                  | Fair                    | Poor               |                          |
| <b>Memory:</b>         | Intact                | Impaired                |                    |                          |
| <b>Insight:</b>        | Good                  | Fair                    | Poor               |                          |
| <b>Judgment:</b>       | Good                  | Fair                    | Poor               |                          |
| <b>Intelligence:</b>   | Borderline            | Below Average           | Average            | Above Average            |
| <b>Suicide:</b>        | Ideation              | Plan                    | Action             | Absent                   |
| <b>Homicide:</b>       | Ideation              | Plan                    | Action             | Absent                   |

**TREATMENT RECOMMENDATIONS**

Diagnostic Impression: \_\_\_\_\_ Current: GAF: \_\_\_\_\_

Services Requested:

\_\_\_\_\_

Case Manager's Recommendation:

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

Case Manager / Date

\_\_\_\_\_

Supervisor / Date