

# Client Intake Form



Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Maiden/Last Name at Birth: \_\_\_\_\_

Other Names used: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ok to ID & leave a message: (circle one) Yes No

Email: \_\_\_\_\_

Emergency Contact (name & number): \_\_\_\_\_

Ok to ID & leave message: (circle one) Yes No

## Services seeking:

- ☐ Individual Therapy ☐ Skill Development Groups ☐ Case Management  
☐ Individual Skill Building ☐ Peer Support ☐ Mental Health Assessment

Only

Insurance Provider: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Primary Care Provider & phone #: \_\_\_\_\_

Current Prescriptions & Schedule: \_\_\_\_\_

## Primary Race:

- ☐ Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian ☐ White  
☐ Asia ☐ Two or More Unspecified Races ☐ Black or African American ☐ Other

Single Race

## Ethnicity:

- ☐ Puerto Rican ☐ Cuban ☐ Mexican ☐ Other Specific Hispanic  
☐ Hispanic (specific origin no specified) ☐ Not of Hispanic origin ☐ Unknown

## Tribal Member:

- ☐ Burns Paiute Tribe ☐ Confederated Tribes of Coos, Lower Umpqua & Siuslaw  
☐ Confederated Tribes of Grand Ronde ☐ Confederated Tribes of Siletz ☐ Klamath Tribes  
☐ Confederated Tribes of Warm Springs ☐ Confederated Tribes of Umatilla ☐ Coquille Indian  
Tribe  
☐ Cow Creek Band of Umpqua Indians ☐ Not Applicable ☐ Other

## Marital Status:

☐ Married      ☐ Separated      ☐ Divorced      ☐ Widowed      ☐ Never Married

**Pregnant:**

☐ No    ☐ Not Applicable      ☐ Unknown      ☐ Yes

**Tobacco Use:**

☐ No              ☐ Yes              ☐ Unknown  
☐ Chews      ☐ Smokes      ☐ Former Smoker      ☐ Never Smoked      ☐ Unknown

**Substance use, last 90 days:**

☐ No              ☐ Unknown              ☐ Yes

**Interpreter:**

☐ Foreign Language      ☐ Hearing Impaired      ☐ None

**Military/Veteran Status:**

☐ Yes, veteran & no specified branch of service      ☐ No, but current or former guard/reserve military  
☐ Yes, veteran & current or former guard/reserve military      ☐ No  
☐ Yes, veteran & current or former active duty military      ☐ unknown

**Legal Status:**

<input type="checkbox"/> Aid & Assist (ORS 161.370)	<input type="checkbox"/> Involuntary Custody
<input type="checkbox"/> Civil Commitment - 30 day	<input type="checkbox"/> Juvenile Psychiatric Security Review Board (JPSRB)
<input type="checkbox"/> Civil Commitment - 90 day	<input type="checkbox"/> None
<input type="checkbox"/> Civil Commitment - 180 day	<input type="checkbox"/> Parole
<input type="checkbox"/> DUII Diversion Client	<input type="checkbox"/> Post-Booking Jail Diversion
<input type="checkbox"/> DUII Convicted Client	<input type="checkbox"/> Pre-Booking Jail Diversion
<input type="checkbox"/> Guardianship (Child Welfare)	<input type="checkbox"/> Probation
<input type="checkbox"/> Guardianship (Court)	<input type="checkbox"/> Psychiatric Security Review Board (PSRB)
<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Unknown

**Number of arrests in the last month:** \_\_\_\_\_

**Number of arrests (lifetime):** \_\_\_\_\_

**Number of DUII arrests in the last month:** \_\_\_\_\_

**Number of DUII arrests (lifetime):** \_\_\_\_\_

**Employment Status:**

<input type="checkbox"/> Disabled (unable due to physical or psychological reasons)	<input type="checkbox"/> Retired	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Hospital patient or resident of other institutions	<input type="checkbox"/> Not in labor force	<input type="checkbox"/> Student
<input type="checkbox"/> Sheltered/Non-competitive employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Not Employed (seeking)	<input type="checkbox"/> Not Employed (not seeking)	<input type="checkbox"/> Other (e.g. volunteer work)
		<input type="checkbox"/> Unknown

**Highest grade completed in school (select one):**

**Monthly Income:** \$ \_\_\_\_\_

**Source of income:**

- |                                       |  |   |                                |
|---------------------------------------|--|---|--------------------------------|
| <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Retirement/Pension/SSI |                                |
| <input type="checkbox"/> None         | <input type="checkbox"/> Unknown           | <input type="checkbox"/> Disability/SSDI        | <input type="checkbox"/> Other |

**Number in household (include yourself): \_\_\_\_\_ Number of minors in household (under 18): \_\_\_\_\_**

**Living Arrangement:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Transient/Homeless                | <input type="checkbox"/> Private Residence (with non-relative)  | <input type="checkbox"/> Supported Housing (Scattered)  |
| <input type="checkbox"/> Foster Home                       | <input type="checkbox"/> Private Residence (other)              | <input type="checkbox"/> Supported Housing (Congregate) |
| <input type="checkbox"/> Room & Board                      | <input type="checkbox"/> Residential Facility (elderly)         | <input type="checkbox"/> Unknown                        |
| <input type="checkbox"/> Private Residence (at home)       | <input type="checkbox"/> Residential Facility (substance abuse) |   |
| <input type="checkbox"/> Private Residence (with relative) | <input type="checkbox"/> Alcohol & Drug Free Housing            |   |

**Referred from (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> ADES   | <input type="checkbox"/> Jail - City or County                              |
| <input type="checkbox"/> Advocacy Group   | <input type="checkbox"/> Justice Court                                      |
| <input type="checkbox"/> Aging & People w/ disabilities   | <input type="checkbox"/> Juvenile Justice System/Oregon Youth Authority     |
| <input type="checkbox"/> Attorney   | <input type="checkbox"/> Local MH Authority/Community MH program            |
| <input type="checkbox"/> Child Welfare  | <input type="checkbox"/> Media/Internet                                     |
| <input type="checkbox"/> Circuit Court  | <input type="checkbox"/> Municipal Court                                    |
| <input type="checkbox"/> Community Housing  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Community-based MH &/or SA provider  | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Coordinated Care Organization (CCO)  | <input type="checkbox"/> Parole-county/state/federal includes juvenile      |
| <input type="checkbox"/> Crisis Bed   | <input type="checkbox"/> Police or Sheriff - local, state                   |
| <input type="checkbox"/> Crisis/Helpline  | <input type="checkbox"/> Probation - county/state/federal includes juvenile |
| <input type="checkbox"/> Developmental Disabilities Services  | <input type="checkbox"/> Psychiatric Security Review Board (PSRB)           |
| <input type="checkbox"/> Employer/Employee Assistance program (EAP)   | <input type="checkbox"/> School   |
| <input type="checkbox"/> Employment Services  | <input type="checkbox"/> Self   |
| <input type="checkbox"/> Family/Friend  | <input type="checkbox"/> State Correctional Institution                     |
| <input type="checkbox"/> Federal Correctional Institution   | <input type="checkbox"/> State Psychiatric Facility (i.e. OSH or BMRC)      |
| <input type="checkbox"/> Federal Court  | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Integrated Tx Court (drug court or MH court)   | <input type="checkbox"/> Vocational Rehabilitation                          |
| <input type="checkbox"/> Private Health Professional (primary care provider, physician, psychiatrist, hospital, primary health home, etc) |   |

**Referred to (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Acute or Subacute Psychiatric Facility                   | <input type="checkbox"/> Fully Capitated Health Plan (FCHP)            |
| <input type="checkbox"/> Aging & People w/ Disabilities                           | <input type="checkbox"/> Local MH Authority/Community MH Program       |
| <input type="checkbox"/> Attorney   | <input type="checkbox"/> MH Organization (MHO)                         |
| <input type="checkbox"/> Child Welfare  | <input type="checkbox"/> None  |
| <input type="checkbox"/> Community Housing  | <input type="checkbox"/> Oregon Health Plan                            |
| <input type="checkbox"/> Community Public Health Department                       | <input type="checkbox"/> Oregon Partnership Helpline                   |
| <input type="checkbox"/> Community-based MH &/or SA Provider outside service area | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Community-based MH &/or SA Provider within service area  | <input type="checkbox"/> Other Community Agencies                      |
| <input type="checkbox"/> Coordinated Care Organization (CCO)                      | <input type="checkbox"/> Other MH/SA Providers                         |
| <input type="checkbox"/> Criminal Justice System Entities                         | <input type="checkbox"/> School  |
| <input type="checkbox"/> Crisis Bed   | <input type="checkbox"/> Self Help Groups                              |
| <input type="checkbox"/> Developmental Disabilities Services                      | <input type="checkbox"/> State Psychiatric Facility (i.e. OSH or BMRC) |

- ☐ Employer/Employee Assistance Programs (EAP)
- ☐ Employment Services
- ☐ Youth/Child Social Service Agencies, Centers or Teams
- ☐ Private Health Professional (primary care provider, physician, psychiatrist, hospital, primary health home, etc)
- ☐ TANF/Food Stamps
- ☐ Vocational Rehabilitation