

# 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:**

- Aid & Assist (ORS 161.370)
- Involuntary Custody
- Civil Commitment - 30 day
- Juvenile Psychiatric Security Review Board (JPSRB)
- Civil Commitment - 90 day
- None
- Civil Commitment - 180 day
- Parole
- DUII Diversion Client
- Post-Booking Jail Diversion
- DUII Convicted Client
- Pre-Booking Jail Diversion
- Guardianship (Child Welfare)
- Probation
- Guardianship (Court)
- Psychiatric Security Review Board (PSRB)
- Incarcerated
- 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:**

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

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

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

**Source of income:**

- Wages/Salary       Public Assistance       Retirement/Pension/SSI
- None       Unknown       Disability/SSDI       Other

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

**Living Arrangement:**

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

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

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

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

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