



**Client Intake Form**

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

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

**Chosen Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Gender Assigned at Birth:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Physical Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (if different):**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ok to send mail?**  Yes  No

**Phone:** \_\_\_\_\_  Cell  Home

**Ok to ID & leave a message?**  Yes  No

**Email:**

\_\_\_\_\_

**Emergency Contact (name & number):**

\_\_\_\_\_

**Ok to ID & leave message?**  Yes  No

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



## Demographic Information

As part of our contractual obligations we are required to gather basic demographic information. We are happy to discuss this requirement with you and can provide you with a copy of our Privacy Policy if requested. Information gathered will be kept in your confidential file and will not impact your services.

### Marital Status:

- Married     Separated     Divorced     Widowed     Never Married

### Primary Race:

- Alaskan Native     White     Black or African American  
 Native Hawaiian or Other Pacific Islander     Asian     Other Single Race  
 American Indian     Two or More Unspecified Races

### Ethnicity:

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

### Military/Veteran Status:

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

### Employment Status:

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

### Living Arrangement:

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

Annual Income: \$ \_\_\_\_\_



**Source of income:**

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

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

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

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

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

- Acute or Subacute Psychiatric Facility
- Aging & People w/ Disabilities
- Attorney
- Child Welfare
- Community Housing
- Community-based MH &/or SA Provider within service area
- Community-based MH &/or SA Provider outside service area
- Community Public Health Department
- Coordinated Care Organization (CCO)
- Criminal Justice System Entities
- Crisis Bed
- Developmental Disabilities Services
- Employment Services
- Employer/Employee Assistance Programs (EAP)
- Fully Capitated Health Plan (FCHP)
- Local MH Authority/Community MH Program
- MH Organization (MHO)
- Oregon Health Plan
- Oregon Partnership Helpline
- Other Community Agencies
- Other MH/SA Providers
- Private Health Professional (primary care provider, physician, psychiatrist, hospital, primary health home, etc.)



- School
- Self Help Groups
- State Psychiatric Facility (i.e. OSH or BMRC)
- TANF/Food Stamps
- Vocational Rehabilitation

- Youth/Child Social Service Agencies, Centers or Teams
- None
- Other
- 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

**Interpreter:**

- Foreign Language
- Hearing Impaired
- None

**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

**Legal Status:**

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

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

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

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

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

**Highest grade completed in school:**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21



## Services Information

Information gathered here will help us connect you with the best fit of services.

### Services seeking:

- |   |  |
|---|--|
| <input type="checkbox"/> Individual Therapy       | <input type="checkbox"/> Individual Skill Building     |
| <input type="checkbox"/> Skill Development Groups | <input type="checkbox"/> Peer Support                  |
| <input type="checkbox"/> Case Management          | <input type="checkbox"/> Mental Health Assessment Only |

### Current Concerns:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sad/Depressed       | <input type="checkbox"/> Muscle tension                   | <input type="checkbox"/> Hearing voices        |
| <input type="checkbox"/> Cry easily          | <input type="checkbox"/> Irritability                     | <input type="checkbox"/> Often fearful/afraid  |
| <input type="checkbox"/> Mood swings         | <input type="checkbox"/> Feel anxious, nervous            | <input type="checkbox"/> Easily startled       |
| <input type="checkbox"/> Sleeping too much   | <input type="checkbox"/> Panic/Anxiety attacks            | <input type="checkbox"/> Flashbacks            |
| <input type="checkbox"/> Can't sleep         | <input type="checkbox"/> Easily angered                   | <input type="checkbox"/> Nightmares            |
| <input type="checkbox"/> Tired often         | <input type="checkbox"/> Feel overwhelmed                 | <input type="checkbox"/> Can't concentrate     |
| <input type="checkbox"/> Appetite changes    | <input type="checkbox"/> Worry often                      | <input type="checkbox"/> Can't remember things |
| <input type="checkbox"/> Feel worthless      | <input type="checkbox"/> Obsessive behaviors              | <input type="checkbox"/> Hyperactivity         |
| <input type="checkbox"/> Thoughts of suicide | <input type="checkbox"/> Seeing things that are not there | <input type="checkbox"/> Alcohol/drug abuse    |
| <input type="checkbox"/> Self-harm behaviors |   |  |

### Anything else we need to know:

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### Medical Information:

#### Primary Care Provider & phone #:

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#### Current Prescriptions & Schedule:

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**\*\*Please attach additional pages if needed**