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Initial Mental Health Assessment Intake Form

Name:
Today Date:
Date and time of birth:
Education:

Relationship History:

Living Situation:

Occupational History:

Chief Complaint:

PI: Demographics:

BEHAVIORAL HEALTH HISTORY

Symptoms and duration:

Family History:

(Please write a short autobiography that will help us get started. It would be very helpful if you could include as much information in the following categories as you can):

FROM YOUR CHILDHOOD:

Gestation and birth:

Bonding with your parents or primary caretakers:

Describe what each parent was like during your childhood:

Your relationship with each parent

Your parent's relationship with each other:

Number and relative ages of siblings:

Any other significant relationships:

Early School and Education:

Childhood hurts and traumas:

Childhood developmental issues:

Childhood medical history including vaccinations, illnesses, allergies, broken limbs, etc.

Childhood spiritual history if any:

Your family cultural background:

FROM YOUR ADULTHOOD:

Past Psychiatric History:

Previous Treatment:

Hospitalizations:

Suicide Attempt:

Family Psychiatric History:

Substance Abuse History:

Drug use:

Adult Traumas:

Spiritual History:

MEDICAL TREATMENT:

Past Surgical History:

Current Medical Problems:

Current medications and doses:

Symptoms, behaviors, cognitions, etc that you would like to work on:

Anything else that you'd like me to know me to know about:

(For Therapist to complete)

Treatment Focus:

Diagnosis:
