



Name: \_\_\_\_\_

**Adult Intake**

DOB: \_\_\_\_\_

**Packet**

MR #: \_\_\_\_\_

Medicaid#: \_\_\_\_\_

NAME: \_\_\_\_\_ MR#: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ SSN: \_\_\_\_\_ Today's Date: \_\_\_\_\_

***IDENTIFYING INFORMATION***

Home Address: \_\_\_\_\_

County: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

School Name/grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

***EMERGENCY CONTACT***

First Contact: \_\_\_\_\_ Relationship to individual: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Physician's Name & Phone #: \_\_\_\_\_

Significant Others Involved with the Individual: \_\_\_\_\_

***MENTAL HEALTH/BEHAVIORAL INFORMATION***

Reason for Seeking Services: \_\_\_\_\_

Recent Treatment History (last 12 months): \_\_\_\_\_

Pertinent Medical Issues: \_\_\_\_\_



Medications: \_\_\_\_\_

Other Active Service Providers: \_\_\_\_\_

Court Involvement and/or Pending Charges: \_\_\_\_\_

Case Manager/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_