Kim Shaffer, LCPC Counseling Services, LLC
2025 Glenwood Avenue
Hermon, Maine 04401

Mental Health Intake Form

Client's Name:_____ Date of Birth:_____
Primary Care Physician's Name:_____ Physician Phone:_____

	Mild	Moderate	Severe		Mild	Moderate	Severe
Aggression	☐	☐	☐	Judgment errors	☐	☐	☐
Agitation	☐	☐	☐	Loneliness	☐	☐	☐
Anger	☐	☐	☐	Loss of interest in activities	☐	☐	☐
Anxiety	☐	☐	☐	Memory impairment	☐	☐	☐
Appetite change	☐	☐	☐	Mood swings	☐	☐	☐
Change in libido	☐	☐	☐	Obsessions	☐	☐	☐
Compulsions	☐	☐	☐	Oppositional behavior	☐	☐	☐
Crying/tearful	☐	☐	☐	Panic attacks	☐	☐	☐
Cyber addiction	☐	☐	☐	Paranoia	☐	☐	☐
Delusions	☐	☐	☐	Phobias/fears	☐	☐	☐
Depression	☐	☐	☐	Physical trauma perpetrator	☐	☐	☐
Disorientation	☐	☐	☐	Physical trauma victim	☐	☐	☐
Difficulty getting out of bed	☐	☐	☐	Poor concentration	☐	☐	☐
Difficulty making decisions	☐	☐	☐	Poor grooming	☐	☐	☐
Distractibility	☐	☐	☐	Racing thoughts	☐	☐	☐
Eating disorder	☐	☐	☐	Recurring thoughts	☐	☐	☐
Elevated mood	☐	☐	☐	Self-mutilation	☐	☐	☐
Emotional trauma perpetrator	☐	☐	☐	Sexual addiction	☐	☐	☐
Emotional trauma victim	☐	☐	☐	Sexual difficulties	☐	☐	☐
Excessive energy	☐	☐	☐	Sexual trauma perpetrator	☐	☐	☐
Fatigue	☐	☐	☐	Sexual trauma victim	☐	☐	☐
Grief	☐	☐	☐	Sleep problems	☐	☐	☐
Guilt	☐	☐	☐	Speech problems	☐	☐	☐
Gambling	☐	☐	☐	Social isolation	☐	☐	☐
Hallucinations	☐	☐	☐	Substance abuse	☐	☐	☐
Hearing voices	☐	☐	☐	Suicidal thoughts	☐	☐	☐
Heart palpitations	☐	☐	☐	Worried	☐	☐	☐
Hopelessness	☐	☐	☐	Worthlessness	☐	☐	☐
Hyperactivity	☐	☐	☐	Other:	☐	☐	☐
Impulsivity	☐	☐	☐	Other:	☐	☐	☐
Irritability	☐	☐	☐	Other:	☐	☐	☐

MEDICAL HISTORY

Current Medications

Medication Name	Total Daily Dosage	Estimated Start Date

Describe current physical health: ☐ Good ☐ Fair ☐ Poor

List any known allergies:

Past nonpsychiatric hospitalizations or surgeries:

Do you exercise regularly? ☐ Yes ☐ No

Have you had suicidal thoughts in the last few months ?
☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

Have you had them in the past?
☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

Have you ever intentionally inflicted any harm upon yourself? ☐ Yes ☐ No

Personal and Family Medical History (Have you or a family member ever had any of the following? If family, specify which family member)

	You	Family	Who?		You	Family	Who?
Alzheimer's/Dementia	☐	☐		Head Injury	☐	☐	
Anemia	☐	☐		Heart Disease	☐	☐	
Arthritis	☐	☐		High Blood Pressure	☐	☐	
Asthma	☐	☐		High Cholesterol	☐	☐	
Behavioral problems	☐	☐		HIV Positive or AIDS	☐	☐	
Birth defects	☐	☐		Kidney Problems	☐	☐	
Cancer	☐	☐		Liver Problems/Hepatitis	☐	☐	
Chronic Fatigue	☐	☐		Lung Disease	☐	☐	
Chronic Pain	☐	☐		Mental Retardation	☐	☐	
Diabetes	☐	☐		Migraine or Cluster Headaches	☐	☐	
Ear/Nose/Throat Problems	☐	☐		Neurological Problems	☐	☐	
Eating Disorder	☐	☐		Skin Disease	☐	☐	
Emotional Problems	☐	☐		Sleep Apnea	☐	☐	
Endocrine/Hormone Problems	☐	☐		Stroke	☐	☐	
Epilepsy or Seizures	☐	☐		Thyroid Disease	☐	☐	
Eye Problems	☐	☐		Tuberculosis	☐	☐	
Fibromyalgia	☐	☐		Urological Problems	☐	☐	
Gastrointestinal Problems	☐	☐		Viral Illness/Herpes	☐	☐	
Genital/Gynecological Problems	☐	☐		Other:	☐	☐	

EMOTIONAL/PSYCHIATRIC HISTORY

Prior Outpatient Treatment? ☐ Yes ☐ No If yes, please describe:

Reason	Dates Treated	By Whom

Prior Inpatient Treatment (for psychiatric, emotional, or substance abuse disorder)? ☐ Yes ☐ No If yes, please describe:

Reason	Date Hospitalized	Where

Family History (has anyone in your family ever been treated for any of the following)?

	Father	Mother	Aunt	Uncle	Brother	Sister	Children	Grandparent
Depression	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Anxiety	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Panic Attacks	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Post Traumatic Stress	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Bipolar Disorder/Manic Depression	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Schizophrenia	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Alcohol Problems	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Drug Problems	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
ADHD	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal

Suicide Attempts	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Psychiatric Hospitalization	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal

Past Psychiatric Medications (if you have ever taken any of the following medications, indicate the date, dosage, and how helpful they were)

Antidepressants	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
Prozac (fluoxetine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Zoloft (sertraline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Luvox (fluvoxamine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Paxil (paroxetine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Celexa (citalopram)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Effexor (venlafaxine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Cymbalta (duloxetine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Wellbutrin (bupropion)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Remeron (mirtazapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Serzone (nefazodone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Anafranil (clomipramine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Pamelor (nortrptyline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Tofranil (imipramine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Elavil (amitriptyline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Pristiq (desvenlafaxin)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Desyrel (trazadone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Viibryd (vilazodone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Adapin (doxepin)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Asendin (amoxapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Ludiomil (maprotiline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Norpramin (desipramine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Surmontil (trimipramine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Vivactil (protriptyline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Antipsychotics/Mood Stabilizers	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
Seroquel (quetiapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Zyprexa (olanzapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Geodon (ziprasidone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Abilify (aripiprazole)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Clozaril (clozapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Haldol (haloperidol)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Prolixin (fluphenazine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Sedative/Hypnotics	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
Ambien (zolpidem)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Sonata (zaleplon)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Restoril (temazepam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Rozerem (ramelteon)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Desyrel (trazodone)	☐			☐ Yes ☐ No	☐ Yes ☐ No

ADHD Medications	Check if taken	When?	Dosage?	Did it help?	Any side effects?
Adderall (amphetamine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Concerta (methylphenidate)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Ritalin (methylphenidate)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Strattera (atomoxetine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Antianxiety Medications	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
Xanax (alprazolam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Ativan (lorazepam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Klonopin (clonazepam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Valium (diazepam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Tranxene (clorazepate)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Buspar (buspirone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Other Medications (specify)	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
	☐			☐ Yes ☐ No	☐ Yes ☐ No
	☐			☐ Yes ☐ No	☐ Yes ☐ No
	☐			☐ Yes ☐ No	☐ Yes ☐ No

SUBSTANCE USE HISTORY

Substance Use Status:

☐ No history of abuse ☐ Active abuse ☐ Early full remission ☐ Early partial remission ☐ Sustained full remission ☐ Sustained partial remission

Treatment History:

☐ Outpatient ☐ Inpatient ☐ 12-step program ☐ Stopped on own ☐ Other:

Substances Used (check all that apply)

Ever Used?	First use age	Last use age	Currently Used?	Frequency	Amount
☐ Alcohol			☐ Yes ☐ No		
☐ Amphetamines/Speed			☐ Yes ☐ No		
☐ Barbiturates			☐ Yes ☐ No		
☐ Caffeine			☐ Yes ☐ No		
☐ Cocaine			☐ Yes ☐ No		
☐ Crack Cocaine			☐ Yes ☐ No		
☐ Ecstasy			☐ Yes ☐ No		
☐ Hallucinogens (LSD			☐ Yes ☐ No		
☐ Heroin			☐ Yes ☐ No		
☐ Inhalants			☐ Yes ☐ No		
☐ Marijuana			☐ Yes ☐ No		
☐ Methadone			☐ Yes ☐ No		
☐ Methamphetamine			☐ Yes ☐ No		
☐ Painkillers			☐ Yes ☐ No		
☐ Nicotine/Tobacco			☐ Yes ☐ No		
☐ PCP			☐ Yes ☐ No		
☐ Tranquilizers			☐ Yes ☐ No		
☐ Other:			☐ Yes ☐ No		

FAMILY HISTORY

Family of Origin

Present During Childhood	Present entire childhood	Present part of childhood	Not present at all	Parents' Current Marital Status:	Childhood Family Experience:
Biological Mother	☐	☐	☐	☐ Married to each other ☐ Separated for _____ years ☐ Divorced for _____ years ☐ Mother remarried _____ times ☐ Father remarried _____ times ☐ Mother involved with someone ☐ Father involved with someone ☐ Mother deceased for _____ years Age of patient at mother's death: ___ ☐ Father deceased for _____ years Age of patient at father's death: ___	☐ Outstanding home environment ☐ Normal home environment ☐ Chaotic home environment ☐ Neglected ☐ Witnessed physical/verbal/sexual abuse towards others ☐ Experienced physical/verbal/sexual abuse from others Age of emancipation from home: _____
Biological Father	☐	☐	☐		
Adoptive Mother	☐	☐	☐		
Adoptive Father	☐	☐	☐		
Stepmother	☐	☐	☐		
Stepfather	☐	☐	☐		
Brother(s)	☐	☐	☐		
Sister(s)	☐	☐	☐		
Other:	☐	☐	☐		

DEVELOPMENTAL HISTORY

Problems during mother's pregnancy	☐ None ☐ German measles ☐ Alcohol use ☐ Other: ☐ High blood pressure ☐ Emotional stress ☐ Drug use ☐ Kidney infection ☐ Bleeding ☐ Cigarette use
Birth	☐ Normal delivery ☐ Difficult delivery ☐ Cesarean delivery ☐ Complications:
Birth Weight	_____ lbs. _____ oz.
Infancy	☐ Feeding problems ☐ Sleep problems ☐ Toilet training problems

Delayed Development Milestones (check only those milestones that did not occur at an expected age)

☐ Sitting ☐ Rolling over ☐ Standing ☐ Walking ☐ Feeding self
☐ Speaking words ☐ Speaking sentences ☐ Controlling bladder ☐ Controlling bowels ☐ Sleeping alone
☐ Dressing self ☐ Engaging peers ☐ Tolerating separation ☐ Playing cooperatively ☐ Riding tricycle
☐ Riding bicycle ☐ Other:

Childhood Health

☐ Chickenpox (age:) ☐ German measles (age:) ☐ Red measles (age:) ☐ Rheumatic fever (age:) ☐ Whooping cough (age:)
☐ Scarlet fever (age:) ☐ Lead poisoning (age:) ☐ Mumps (age:) ☐ Diphtheria (age:) ☐ Poliomyelitis (age:)
☐ Pneumonia (age:) ☐ Tuberculosis (age:) ☐ Mental retardation ☐ Autism ☐ Ear infections
☐ Asthma ☐ Allergies to:

Emotional/Behavioral Problems

☐ Drug use ☐ Alcohol abuse ☐ Chronic lying ☐ Stealing ☐ Violent temper
☐ Fire setting ☐ Hyperactive ☐ Animal cruelty ☐ Assaults others ☐ Disobedient
☐ Repeats words of others ☐ Not trustworthy ☐ Hostile/angry mood ☐ Indecisive ☐ Immature
☐ Bizarre behavior ☐ Self-injurious threats ☐ Frequently tearful ☐ Frequently daydreams ☐ Lack of attachment
☐ Distrustful ☐ Extreme worrier ☐ Self-injurious acts ☐ Impulsive ☐ Easily distracted
☐ Poor concentration ☐ Often sad ☐ Breaks things ☐ Other:

Social Interaction

☐ Normal social interaction ☐ Isolates self ☐ Alienates self ☐ Inappropriate sex play
☐ Dominates others ☐ Very shy ☐ Associates with acting out peers ☐ Other:

Intellectual/Academic Functioning

☐ Normal intelligence ☐ High intelligence ☐ Learning problems ☐ Authority conflicts ☐ Attention problems
☐ Underachieving ☐ Mild retardation ☐ Moderate retardation ☐ Severe retardation

Current or highest education level: