

**Behavioral Health Intake Form**

*The information provided is to collect information for internal use only.*

*The information you provide is CONFIDENTIAL and will be used accordingly.*

**Patient Name:**  **Patient DOB:**

**Behavioral Health Provider you are seeing:**

**Reason for visit:**

**Brief family mental health history:**

**Past mental/behavioral health provider(s), if applicable:**

**Medications/doses, if applicable:**

***Current medications:***

|  |  |  |
| --- | --- | --- |
| **Medication Name** | **Dose/Route** | **Reason** |
|  |  |  |
|  |  |  |
|  |  |  |

***Previous medications (and why/when it was discontinued):***

|  |  |  |
| --- | --- | --- |
| **Medication Name** | **Dose/Route** | **Why/When Discontinued** |
|  |  |  |
|  |  |  |
|  |  |  |

**Please upload this form to our website via the School/Camp forms button prior to the appointment.**

If this is a medical or life-threatening emergency, please call ***911*** immediately.

For immediate mental health support or suicidal ideations, please contact the ***Behavioral Health Response Team (BHRT) (845) 517-0400***