



Connecticut Behavioral Health Associates, P. C.

INTAKE ASSESSMENT FORM

Client Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Social Security #: _____ - _____ - _____ Male Female

Primary Ins & ID#: _____ Secondary Ins & ID#: _____

PSYCHIATRIC/SUBSTANCE ABUSE DIAGNOSES Please list in order of priority

Code	Diagnosis	Code	Diagnosis

MEDICAL DIAGNOSES Please list in order of priority

Code	Diagnosis	Code	Diagnosis

CURRENT MEDICATIONS Please list only psychiatric and controlled medications that the client is currently prescribed or taking

Medication	Dosage	Directions	Prescriber	Medication	Dosage	Directions	Prescriber

PSYCHIATRIC TREATMENT HISTORY (include PHP, IOP, Residential, In or Out-patient)

Please list any Psychiatric treatment that the client has received in the last 12-24 months?			
Treatment Center Name or Provider	Approximate Date & Duration	Reason for Treatment	Outcome

SUBSTANCE ABUSE TREATMENT HISTORY (include Detox, Residential, In or Out-patient)

Please list any Substance Abuse treatment that the client has received in the last 12-24 months?			
Treatment Center Name or Provider	Approximate Date & Duration	Reason for Treatment	Outcome

RISK FACTORS (check all that apply. If checked please attach HPI)

- HX of alcohol/drug use
 HX of arson
 Sexually aggressive behavior
 Homicidal or threatening behavior
 Access to weapons
 HX of self harm
 Suicidal ideations/attempts
 HX of non-compliance



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HPI

SUMMARY OF CARE

Treatment Goal:	
Progress Toward Goal:	
Treatment Goal:	
Progress Toward Goal:	
Current Issues/ Stressors	

CURRENT SERVICES IN-PLACE: Case Management Court/Probation DSS VNA Other: _____

REQUESTED SERVICES Medication Management Therapy Substance Abuse Treatment TMS

PREFERRED LOCATIONS New London Norwich Pawcatuck Groton Plainfield
 Old Saybrook Hamden Southington New Britain Glastonbury

DISCHARGING INFORMATON: _____

Referred By: _____ **Phone Number:** _____

Signature: _____ **Date:** _____

******Please fax completed form to our Intake Department at (860) 823-1170******