

**III. INTAKE**

**Emergency Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Relationship to self** \_\_\_\_\_

**Do you live alone?** \_\_\_\_\_ **If living with others, what is their relationship to you?** \_\_\_\_\_

**Are you taking any psychiatric medications? If so, please list name, dosage and why each medication was prescribed:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Name and number of prescribing doctor(s):**

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been hospitalized for psychiatric reasons? If so, please provide dates and reasons for hospitalizations:**

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever made any suicide attempts and, if so, when:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you feel suicidal at this time?** \_\_\_\_\_

\_\_\_\_\_

**Have you ever had, or do you now have, a problem with drugs or alcohol?** \_\_\_\_\_

**Have you ever been, or are you now being treated for, drug or alcohol abuse?** \_\_\_\_\_