Mesa & Mind Therapy

Adult Intake Questionnaire

Fill in the available fields on your device or print this form to complete it by hand

AFTER YOU COMPLETE THIS FORM

Save or download your completed copy before closing it. To return it online, use the secure Client Portal when the practice has asked you to do so. Contact the practice if you are not sure how to return it. Please don't email completed forms.

1 About you

FULL NAME

DATE OF BIRTH (MM/DD/YYYY)

PHONE

EMAIL

PRONOUNS

PREFERRED LANGUAGE

EMERGENCY CONTACT

EMERGENCY CONTACT PHONE

2 What brings you in

CURRENT CONCERNS / REASONS FOR SEEKING SUPPORT

WHAT WOULD YOU LIKE TO BE DIFFERENT OR IMPROVED?

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3 Health and treatment history

PREVIOUS COUNSELING / PSYCHIATRIC TREATMENT

RELEVANT MEDICAL CONDITIONS, MEDICATIONS, ALLERGIES, OR OTHER PROVIDERS

ALCOHOL / SUBSTANCE USE INFORMATION YOU BELIEVE IS RELEVANT

IMPORTANT RELATIONSHIPS, SUPPORTS, CULTURE, SPIRITUALITY, SCHOOL/WORK, OR LIFE CIRCUMSTANCES