## **Social Work Intake Form**

Client information		
Full name:	Date of birth:	
Patient identifier (if known):	Sex:	
Gender:	Preferred pronouns:	
Email:	Contact number:	
Address:	City:	
State:	Zip code:	
Emergency contact		
Contact #1		
Full name:		
Relationship:	Contact number:	
Contact #2		
Full name:		
Relationship:	Contact number:	
Caregiver/ legal guardian information		
Full name:		
Relationship:	Date of birth:	
Email:	Contact number:	
Address:	City:	
State:	Zip code:	
Personal health and well-being		
Client concerns or symptoms:		

Current/ previous diagnoses (including mental health diagnosis):	
Current medication/s:	
Family medical history (include family mental health history) :	
Describe your sleeping pattern:	
Describe your exercise pattern:	
Describe your exercise pattern.	

Do you use cigarettes, tobacco products, alcohol or recreational drugs? Yes No		
If <b>yes</b> , which ones and how often?		
Rate the following from 1 (best) to 5 (worst) if applicable:		
The quality of your social relationships:		
The satisfaction of here romantic relationships:		
Other family information		
*If the client is 18 and over, please move on to the next section		
No		
If <b>yes</b> , at what age was he/she adopted? Answer:		
If <b>yes</b> , does he/ she know of the adoption? Answer:		
Please list all the persons living in the home with the child/adolescent whom we will be evaluating		
Name of current resident:		
Relationship to child/adolescent:		
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Relationship to child/adolescent:		
Relationship to child/adolescent:		
Relationship to child/adolescent:		
Relationship to child/adolescent:		
divorced? Yes No		
If <b>yes</b> , answer the following questions:		
rer:		
rer:		
rer:		

Employment		
☐ Employed		
☐ Self-employed		
☐ Unemployed		
☐ Other:		
Occupation:	Industry:	
Company name:		
Company address:		
City:		
State:		
Zip code:		
On a scale from 1 (best) to 5 (worst), rate the satisfaction of your workplace:		
Client's name:		
Client's signature:	Date:	