

Frannie Peabody Center Behavioral Health Intake Form

Please fill out this form and bring it to your first session along with a valid ID and your current insurance card. The information you provide here is protected as confidential information.

Name: _____

Name of parent/Guardian (if under 18 years): _____

Date of Birth: ____/____/____ Age: ____ Current Gender Identity: _____

Marital Status:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Domestic Partnership | <input type="checkbox"/> Widowed |

Please list your family composition _____

Please list any children/age: _____

Insurance: _____ Insurance ID#: _____

Referred by (if any): _____

Current grade/school level or highest level achieved _____

Contact Information:

Residential Address:

Mailing Address (if different):

Phone: _____

Home Work Cell
Home Work Cell

Email: _____

May we leave a message on your home phone? Yes No N/A

May we leave a message on your cell phone? Yes No N/A

May we email you? Yes No N/A

May we send information to you in the mail? Yes No N/A

Anything else you'd like us to know about messaging? _____

Emergency contact name _____

Phone: _____

Relationship: _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? Yes No

If yes, please list name of previous therapist and diagnosis: _____

Are you currently taking any prescriptions or medications? Yes No

If yes, please list: _____

Have you ever been prescribed psychiatric medication? Yes No

If yes, please list: _____

Please list any allergies or drug reactions _____

General Health and Mental Health Information

How would you rate your current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific sleep problems you are currently experiencing:

Please list any difficulties you experience with your appetite or eating patterns:

Are you currently experiencing overwhelming sadness, grief or depression? Yes No

If yes, how long have you been experiencing this? _____

Are you currently experiencing anxiety, panic attacks or have any phobias? Yes No

If yes, when did you begin experiencing this? _____

Are you currently experiencing any chronic pain? Yes No

If yes, please describe? _____

How many days a week do you drink alcohol? _____

Do you engage in recreational drug use? Yes No If yes, how often? (please circle)

Daily Weekly Monthly Infrequently

What substances? _____

Are you currently in a romantic relationship? Yes No If yes, how long? _____

How would you describe your relationship? _____

What significant life changes or stressful events have you experienced recently?

Family Mental Health History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	Please check	List Family Member
Alcohol/Substance Abuse	Yes No	
Anxiety	Yes No	
Depression	Yes No	
Domestic Violence	Yes No	
Eating Disorders	Yes No	
Obesity	Yes No	
Obsessive Compulsive Behavior	Yes No	
Schizophrenia	Yes No	
Suicide Attempts	Yes No	

Additional Information

Are you currently employed? Yes No If yes, what is your current employment situation?

Do you enjoy work? Yes No

Is there anything stressfull about your current work? Yes No

Do you consider yourself to be spiritual or religious? Yes No If yes, please describe your faith or belief:

What do you consider to be some of your strengths?

What do you consider to be some of your challenges?

What would you like to accomplish out of your time in therapy?

Frannie Peabody Center can now send automated text and email appointment reminders. Please review the samples below and indicate your preference. You may opt out of this service at any time.

Sample text/SMS message:

*Reminder: Appt with Keith Riley, Monday, 6/1 @1pm EDT.
Call (207) 774-6877 for assistance. To stop reminders, reply
"STOP", otherwise do not respond.*

Text/SMS and voice reminders will be sent from (215) 543-7686. Standard text message rates apply.

Sample Email reminder:

From: Appointment Reminders <appointmentreminders@therapyportal.com>

***Sent: Thursday, May 30, 2019 9:01 AM
Appointment Reminder***

[Full Name],

*This is a reminder that you have an appointment with Keith Riley on **Monday June 2nd at 9:00AM EDT.***

Frannie Peabody Center

*30 Danforth Street Suite 311
Portland, ME, 04101-4574*

(207) 774-6877

[Directions](#)

Please contact our office with any questions or changes.

*Email by TherapyPortal.com on behalf of Frannie Peabody Center
[Reminder settings or unsubscribe](#)*

My preference for appointment reminders is as follows:

SMS/Text only

Email only

text and email

None

Print Name

Signature

Date