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**Please fill out and return to** **BAMHAIntake@italianhome.org****.**

**BRIGHTON / JAMAICA PLAIN INTAKE FORM**

**INS. VERIFIED? CO-PAY: DEDUCTIBLE:**

**INTAKE APPT.: ATTENDED? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_**

**CONTACT ATTEMPTS: 1: 2: 3: LETTER:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: ENTERED IN E-HANA? :**

**CLIENT:**

**GUARDIAN:**

**DOB: AGE: GENDER: PRONOUNS:**

**ADDRESS:**

**HOME/CELL#:**

**EMAIL ADDRESS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSURANCE: POLICY#:**

**PRE-AUTH #: UNITS:**

**REFERRAL SOURCE:**

**NAME OF CASE MANAGER OR REFERRAL # :**

**HOW DID YOU HEAR ABOUT BRIGHTON-ALLSTON MENTAL HEALTH ASSOCIATION:**

**WHAT MADE YOU DECIDE TO REFER HERE FOR OUTPATIENT SERVICES (VS. ANOTHER AGENCY):**

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**MOST RECENT EVENTS**

REASON FOR REFERRAL- LIST ANY RECENT EVENTS THAT HAVE LED YOU TO WANT TO START SERVICES:

PLEASE EXPLAIN- WHAT ARE YOUR PRESENTING ISSUES? FOR EXAMPLE, ARE YOU EXPERIENCING ANY DEPRESSIVE SYMPTOMS, SYMPTOMS OF ANXIETY, THOUGHTS OF SELF HARM, SUICIDALITY, ECT.:

CURRENT MEDS:

**HISTORY:**

HOSPITALIZATIONS/CBAT PLACEMENTS:

HOW LONG? REASONS WHY:

ANY AGENCY INVOLVEMENT, LEGAL/COURT INVOLVEMENT, DMH, DDS:

DCF/DMH WORKER OR PROBATION OFFICER:

TEL. #:

OTHER MENTAL HEALTH SERVICES (OUTPATIENT):

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**WHAT TYPE OF THERAPY ARE YOU INTERESTED IN** (GROUP, INDIV, COUPLES, DBT, ETC):

**TELEHEALTH, IN-PERSON, OR HYBRID PREFERRED: (Please note that for clinical reasons, we may recommend in-person services for certain clients)**

COMMENTS (TIME CONSTRAINTS; SPECIAL PREFERENCES):

**Urgent Care Screener:**

**Are you or the referred person experiencing significant changes in behavior or thoughts that are making it harder for you to function during your day?**

**Are you or the referred person able to complete your daily activities as normal?**

**Please state some of the symptoms you are experiencing at the moment that you would like assistance with.**

**Have you had any thoughts of harming yourself or others?**

 **Do you have a plan to hurt yourself or someone else? (if yes go to ER and or contact on call clinician immediately)**