

*Waseca County Off-Campus*  
**BASIC CLIENT INTAKE**

**MENTAL/PHYSICAL HEALTH INFORMATION**

**Diagnostic Assessment Completed:** YES NO

**Assessment Completed By:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_

**Copy of Assessment Present:** YES NO

**DSM Diagnosis: Primary** \_\_\_\_\_

**GAF:** \_\_\_\_\_

**Secondary:** \_\_\_\_\_

**CMH Case Manager:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Current Therapist:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Psychiatrist:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Medical Doctor:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Medications at School:** YES NO **What Amount/When:** \_\_\_\_\_

**School Health Forms Completed:** YES NO

**Additional Health Concerns:** \_\_\_\_\_

**BEHAVIORAL HISTORY**

**At Home:** \_\_\_\_\_

**At School:** \_\_\_\_\_

**Community:** \_\_\_\_\_

**Currently on Probation:** YES NO

**Date of Incident:** \_\_\_\_\_

**Reason for Probation:** \_\_\_\_\_

**Probation Officer:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

