Mental Health Program Intake Form

Please complete this form to help us understand your needs and provide the best support.

Full Name

First Name Last Name

Date of Birth

Month Day Year

Email Address

example@example.com

Phone Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City State / Province Postal / Zip Code

Briefly describe the reason for seeking support

Have you previously received mental health services?

- ◯ Yes
- ◯ No

Are you currently taking any medication for mental health?

- ◯ Yes
- ◯ No

Do you have any allergies or medical conditions we should be aware of?

Emergency Contact Name

First Name Last Name

Emergency Contact Phone Number

Please enter a valid phone number.