

Main Street Interventions Inc



100 N Main St. – Dickson TN 37055 - Phone (615) 740-7100 - Fax (615) 740-6959

Services available in Cheatham and Dickson counties

General Intake

STAFF ONLY: Date: _____ Service: _____

Referral Source: _____ Phone: _____ Fax: _____

Name: _____ SS # _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone #s: _____ Gender: _____ Age: _____

DOB: _____ Highest Grade Completed: _____ Marital Status _____

Employer _____ Job Title _____ How Long _____

Emergency Contact: Name and Address : _____

Relationship to you _____ Phone #s _____

Are you in good health: _____ Health concerns: _____

Family History of Health Concerns: _____

Primary Care Provider: _____ Phone: _____

Address: _____

Can we consult with PCP that you are receiving services from MSI and/or contract therapist ? yes _____ No _____

Prescribed medications: usage for last 6 months: _____

Over the counter medication taken regularly & purpose: _____

Any Known Allergies or Drug Allergies: _____

What kind of reaction do you have? _____

Have you been exposed or been treated for any communicable diseases or been exposed to TB in the last 90 days?

_____ yes _____ no - If yes, before starting services medical clearance from your physician must be provided.

Have you ever been hospitalized for psychiatric reasons: _____ if yes, please tell us how many times, What hospital/Doctor, when & for what reason:

Do you have any trouble: sleeping: _____ eating: _____ focusing: _____ remembering: _____ Do you ever have any suicidal or homicidal thoughts: _____ Do you have a mental health diagnosis: _____ If YES to any of these please give details

Do you have a Declaration for Mental Health Treatment ? _____ If not, would you like help completing one? _____

Do you have any trouble reading, writing or comprehending what you read? _____ If yes, explain _____

Do you need assistance in completing any paperwork? Yes _____ No _____

Family History: What was your family like growing up? _____

How did your parents get along? _____

Were any of the following a problem in your home? Violence _____ Drugs _____ Alcohol _____ Sexual Abuse _____

Divorce _____ Other _____ Explain: _____

Do you feel you are here today as a result of what your family taught you either by their words or actions? _____ Explain your answer _____

Tell us a little about yourself.: Hobbies/Interests _____

What do you like about yourself? _____

What do you dislike about yourself? _____

Tell us something that you have done that you are really proud of. _____

Tell us something that you regret. _____

What is your all time favorite movie? _____

Why is that you favorite? _____

Name someone that you really admire. _____

Why do you admire this person? _____

By signing you are agreeing that you have provided accurate information:

Signature: _____ **Date:** _____

Parent or Guardian: _____ **Date:** _____

Facilitator: _____ **Date:** _____