

Welcome to the Behavioral Health Service

To help us determine how we can best help you, please provide as much information as possible.

Name:	UID:	Date:
Email:	Cell Phone:	Health Insurance Company:
Current Address:		

Emergency Contact		
Name:	Phone Number:	Relationship to you:

I am requesting to be seen **URGENTLY** today. Yes No

My main reason for coming to the Behavioral Health Service is... [**PLEASE DO NOT LEAVE BLANK**]

How long has this situation been going on?

I have current thoughts of suicide. Yes No

I have current thoughts of homicide. Yes No

I have thought of how I might kill myself. Yes No

I feel like I might act on my thoughts of suicide. Yes No

I have attempted suicide in the past. Yes No When? _____

I have intentionally injured myself (e.g., cutting, picking, burning). Yes No

I drink alcohol _____ times per week. I consume _____ drinks on each occasion.

I smoke marijuana _____ times per week or _____ times per month.

I use the following other substances recreationally:

I am regularly...		
Sleeping <input type="checkbox"/> Yes <input type="checkbox"/> No	Eating <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending classes <input type="checkbox"/> Yes <input type="checkbox"/> No

I was referred to BHS by: _____

I am currently in treatment with a therapist / counselor: Yes No Name: _____

I am currently in treatment with a psychiatrist for medication: Yes No Name: _____

I currently take the following medications:

How distressed do you feel today? (check one)

1.....2.....3.....4.....5

Mildly upset.....Extremely upset