

Contact Info

Today's Date: _____

Consumer Name: _____ Address: _____

Birth Name/Other Names: _____

Phone# _____

Client ID# (Intake use only): _____ Social Security #: _____ - _____ - _____ Date of Birth: _____

Referral Information

Agency: _____

Contact: _____

Work Phone: _____

- Why is this client being referred to Peoples Oakland?
- Social Rehabilitation
 - Wellness Services
 - MISA/ Drug and Alcohol
 - Vocational Rehabilitation
 - Interim Counseling/Therapeutic Support Service

Mental Health History

Primary Disability: Mental Health Intellectual Disability Drug Alcohol Approximate Date of Onset: _____

Clinical Disorders (mental, personality, and developmental disorders)

1. _____

5. _____

2. _____

6. _____

3. _____

4. _____

Behavioral

Does this consumer have a history of any of the following behaviors? If so, provide year of last incidence.

_____ Suicide Attempt (Year)	_____ Sexual Abuse/Assault (Year)	_____ Compulsive Behaviors [Lying, spending, etc.] (Year)
_____ Homicide Attempt (Year)	_____ Assault (Year)	_____ Drug/Alcohol Abuse (Year)
_____ Fire Setting (Year)	_____ Theft (Year)	_____ Other (Year)

(Behavior) Please provide details on treatment and/or legal outcomes subsequent to any of the above behaviors: _____

Please attach any documentation (medical records, psychological or vocational test results, etc.) pertinent to this consumer’s medical, social, or legal history.

The staff of Peoples Oakland thank you for your help in providing this information.

RETURN TO:

Jennie Pabst, Intake Coordinator

Peoples Oakland

3433 Bates Street

Pittsburgh, PA 15213

Phone: 412.683.7140 x249

Fax: 412.683.7138

Email: jenniep@peoplesoakland.org