

PRACTICE FORM EXAMPLE

Psychiatric intake form

An illustrative outline of the sections a new-patient psychiatric intake commonly covers. Use it to see what a thorough intake includes, then build your own version for your setting.

Educational example only. This is not legal, medical, or compliance advice, and it is not a ready-to-use legal document. Requirements vary by state, payer, and setting. Adapt anything like this to your own situation and have it reviewed by qualified legal and compliance counsel licensed in your jurisdiction before using it in a practice. You are responsible for compliance with all applicable federal and state laws, including HIPAA. shrinkiatry publishes professional commentary and education, not legal or medical advice.

Current as of July 7, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.

Patient and contact information

Name, date of birth, preferred name and pronouns

Address, phone, email, emergency contact

Insurance or payment method (if applicable)

Primary care physician and referral source

Presenting concern

In the patient's own words: what brings you in today, when it started, and how it affects daily life.

Psychiatric history

- Prior diagnoses, hospitalizations, and outpatient treatment
- Past and current psychiatric medications, response, and side effects
- Prior psychotherapy and what helped
- History of self-harm or suicide attempts

Medical and family history

- Current medical conditions and medications, allergies
- Relevant family psychiatric and medical history

Social history and substances

- Living situation, relationships, work or school, supports
- Alcohol, tobacco, cannabis, and other substance use
- Trauma history, screened sensitively and only as clinically appropriate

Safety screen

A standardized safety screen for suicidal or homicidal ideation, with a clear plan for positive screens. Crisis line: call or text 988 in the US.

Consents referenced

Note where the patient reviews and signs the treatment consent, privacy practices, telehealth consent (if applicable), and financial policy. Keep those as separate signed documents.

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