



Name: _____ Gender: _____

Age: _____ DOB: _____ Occupation: _____

DIAGNOSES:

CURRENT MEDICATIONS:

Based on what you know about ClearView, how do you think we could be helpful to you?

Describe your current living situation:

Please share some past achievements related to school, work, relationships, or other life events:

Please describe any history of substance abuse.

Please describe any history of suicide attempts or self harm:

Please share any history of violence or harm to others:

LAST COURSE OF TREATMENT: Outpatient Inpatient IOP Residential
Please list any hospitals or treatment programs you have been in:

What else would you like to share?