



Sunburst Mental Health
2282 Hwy US 93 South Kalispell

Client Information:

Today's Date: _____

Name: _____

Phone #: _____ May we leave a message at this number YES or NO

Email: _____

Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Emergency Contact: _____

Emergency Contact's Relationship to you: _____

Emergency Contact Phone #: _____

Insurance:

SSN: _____ - _____ - _____

Primary Insurance: _____

Insurance Phone #: _____ ID#: _____

Secondary Insurance: _____

Insurance Phone #: _____ ID #: _____

Insurance Active YES or NO

Services:

What are you looking for: (Please check all that apply)

- Clinical Assessment to determine appropriateness for Therapy
- Medication Assessment for Medication Management
- Case Management
- Addictions Counseling

**** We do not offer** psychiatric evaluations or psychological evaluations, as these must be completed by a Psychologist and/or a Psychiatrist. These services can be provided by Dr. Newman at The Newman Center, Sweetgrass Psychological Services, or Dr. Trontel.

Have you ever been given a mental health diagnosis before? YES or NO

If so please list diagnoses: _____

Approximate date of diagnoses: _____

Please briefly describe why you are seeking services, including symptoms, behaviors, etc.:

Have you used/abused any substances in the past 90 days? YES or NO

If so, what substances, and when was the most recent use?

**** If you have used any substances within the last 90 days you will be referred to our Agency's Licensed Addiction Counselor for assessment prior to receiving any mental health treatment.**

Are you currently seeing a provider outside of Sunburst for therapy or medication?

YES or NO

If YES, who are you seeing and how often?

Are you currently on any medication? YES or NO

**** If YES, please be prepared to bring a full list of all current and past medications to your intake appointment.**

Are you currently experiencing Suicidal Ideation or Homicidal Ideation? YES or NO

If YES, please briefly describe your thoughts:

IF YOU ARE ACTIVELY THINKING OF COMMITTING SUICIDE OR HOMICIDE, AND HAVE DEVELOPED A DETAILED PLAN, PLEASE GO TO THE NEAREST EMERGENCY ROOM OR CALL 911. YOU NEED TO RECEIVE CRISIS SUPPORT TO ENSURE YOUR SAFETY AND THE SAFETY OF OTHERS.