VENTÍCE MENTAL HEALTH INTAKE FORM

📝 Mental Health Intake Form
Ventice – Mental Health Program
A Division of VIGOR 8 VITAL, under PUSH RE IONS 123 INC

🔹 Client Information

- Full Name:
- Date of Birth: _
- Phone Number: _
- Email Address:
- Home Address:
  City: State: ZIP: _

🔹 Mental Health Needs
Please check all that apply:

☐ Anxiety or stress management
☐ Depression or mood support
☐ Trauma or grief counseling
☐ Relationship or family concerns
☐ Life transitions or adjustment support
☐ Faith-based emotional guidance
☐ Anger management
☐ Self-esteem or identity support
☐ Isolation or loneliness
☐ Behavioral challenges
☐ Parenting or caregiving stress
☐ Workplace or career-related stress
☐ Substance use concerns (referral only)
☐ Suicidal thoughts or crisis support (referral only)
☐ Chronic illness or pain-related emotional support
☐ LGBTQ+ affirming mental health support
☐ Cultural or racial identity support
☐ Spiritual disconnection or existential distress
☐ Other (please describe):

🔹 Current Support & History

- Are you currently receiving mental health services?
  ☐ Yes ☐ No
  If yes, provider name:

- Have you received mental health support in the past?
  ☐ Yes ☐ No

If yes, briefly describe:

- Are you currently taking any medications for mental health?
☐ Yes ☐ No
If yes, list medications:

🔹 Preferences & Considerations

- Preferred Service Type:
☐ Virtual sessions ☐ In-person referrals ☐ Either

- Preferred Language:
- Spiritual or Cultural Considerations:

- Emergency Contact Name & Number:

🔹 Consent & Acknowledgment

☐ I understand that Ventice provides referral-based mental health support and does not deliver direct clinical services.
☐ I consent to be contacted by approved providers for service coordination.
☐ I authorize Ventice to share my intake information with licensed mental health partners.

Signature:
Date: _