

WE KNOW YOU HAVE MANY CHOICES FOR MENTAL HEALTH PROVIDERS.
THANK YOU FOR CHOOSING CENTRAL KANSAS MENTAL HEALTH!

Central Kansas Mental Health Center Intake Information

Name: _____ Date of Birth: _____ Today's Date: _____

What are you seeking help with today?

What has already been tried to solve this concern?

How would your life be different without this concern?

What are some of your strengths or things that you enjoy doing? (Hard worker, enjoy fishing, spending time with family)

Are there other things you want us to be aware of?

**WHEN THIS FORM IS COMPLETE, PLEASE GIVE IT TO THE THERAPIST
YOU HAVE AN APPOINTMENT WITH.**

Central Kansas Mental Health Center's mission is to make life better in our communities by providing excellent mental health care and education which exceeds clients' expectations.