

## Patient Intake Information

Primary complaints bringing you to CKMHC:	
, , , , , , , , , , , , , , , , , , , ,	
If it weren't for this/these things written above	ve,
• I could	
• I would	
- 1 Would	
Getting Specific (about your hopes for treatment)	
Short-Term Goals: By two months from now, I would like to:	
Long-Term Goals: Within a year from now, I v	would like to:
Using the scale indicated here:	Not at all Completely Sure
osing the scale mulcated here.	0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
How IMPORTANT to you is it to achieve y	
How <b>CONFIDENT</b> are you that you will acl	hieve your goals listed above?
How <b>READY</b> are you to do what it takes to	o achieve your goals?
One thing that would prevent me from retur	ning is: