

## Mental Health Screening Form

What is the main reason(s) that you are seeking mental health care?

How you ever been diagnosed or are you currently diagnosed with a mental illness? If so,

please list:

If applicable, please list any medications you are currently taking:

Are you currently or have you ever been suicidal/homicidal?

Are you interested in any of these specialty services? Y or N

Neurofeedback:

DTMS:

QEEG:

Spravato:

Psychological Testing: