



Brussels
Mental Health
Center

Brussels Mental Health Center
Avenue Eugène Plasky 8.12
1030 Schaerbeek
www.mentalhealth.brussels

Intake Form

You may bring along a printed version of this form to your first appointment.

CONTACT INFORMATION

Name:

First name:

Date of birth (dd-mm-yyyy)

Adress:

street, number

zipcode, city

Mobile hone number:

E-mail:

Emergency contact:

Name

Phone

Relationship

Current substance use:

If yes: please specify quantity and duration of use

- Nicotine:

- Alcohol:

- Cannabis:

- Cocaine:

- Amphetamines:

- Benzodiazepines:

- Pain medication:

- Other:

HISTORY

Prior treatments with a psychiatrist or psychotherapist:

(in chronological order)

Prior psychiatric hospitalizations :

Prior psychiatric medications :

Please specify treatment, dosage, duration and effects/side-effects

Medical history:

Allergies:

Traumatic life-events:

- Yes
- No

Family history of mental health symptoms:

If yes: please specify family member and treatment

- Depression:
- Bipolar disorder:
- Schizophrenia:
- Autism:
- ADHD:

Cancellation policy

If the appointment is canceled less than 48 hours (2 full working days) in advance, a fee will be charged (see page of your caregiver on www.mentalhealth.brussels), which may not be refunded by your health insurance. These delays allow us to offer a consultation to other patients who require treatment.