

**Jade Mangus L.C.S.W.**  
Initial Intake Form

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Presenting Problem:

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Personal History (Development, School, Relationships, A&D, Mental Illness, Abuse, Support Systems):

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Family History (Culture, Abuse, A&D, Mental Illness):

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Case Formulation (To be filled out by therapist):

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