

Laurie Muhlbauer, PMHNP, LLC  
Adult Intake Screening/Request Form

If you are needing immediate assistance, contact the Psychiatric Crisis Center at 503-585-4949. For psychiatric or medical emergencies, contact 911 or go to the nearest emergency department.

By completing this paperwork, it does not guarantee that you will become a patient of Laurie Muhlbauer, PMHNP-BC. This is to help determine the fit between the individual and provider. A response will usually be provided within one to two weeks after this form is received. It can be mailed to Laurie Muhlbauer, PMHNP-BC at 910 Capitol St NE, Building C, Salem, OR, 97301 or faxed to Laurie Muhlbauer, PMHNP-BC at 855-541-6860. Do not email this since email is not encrypted and secure. Email will not be responded to because of this.

General Personal Information:

First name:	Last name:	Referred by:
Birthdate:	Gender:	Date:
Address:		
Contact #:	Messages on this number: Yes No	

Health insurance provider:	Policy number (so a benefits check can be completed):
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Please describe the reason you are wanting to be seen, including mental health concerns.

What is the reason for changing providers (if applicable)? Do you have concerns about your care with past providers?

Past and current psychiatric/mental health diagnoses:

Current medications including names, dosages, start dates, effectiveness, and side effects.

Do you have a therapist or counselor? Yes No  
If not, are you willing to see a therapist? Yes No  
If yes, what is their name, number, and location and how long have you seen them?

Have you had previous psychiatric hospitalizations or attended intensive outpatient programs or substance use programs? Yes No  
If yes, please describe.

Have you had recent suicidal thinking with attempts, planning, or considered acting on thoughts?  
If yes, please, describe.

Have you had past suicidal thinking with attempts, planning, or considered acting on thoughts?  
If yes, please, describe.

Do you have current concerns with drug addiction or substance use or do those around you have concerns about your use?  
If yes, please describe.

Are you wanting to be seen for SSI or disability claims/evaluation, court hearings, or time off of work? Yes No  
If yes, please, describe.

Do you have any legal charges pending or legal issues? Yes No

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