



Sanctuary for Healing and Integration, PLLC (SHIN)

Child & Adolescent and Adult Psychiatry

860 East 4500 South, Suite 302

Salt Lake City, UT 84107

INTAKE SHEET

Patient's Name: _____

Please answer the following questions briefly:

1. What problems or concerns prompted you to seek this psychiatric evaluation?

2. List current medications, doses, and schedule:

List previous medications tried and reason for discontinuation:

List current and previous non-medication interventions and healing practices:

3. List/state treatment goals:

4. Source of Referral

✓	Source	Name
	Primary Care Physician	
	Therapist	
	Insurance Carrier	
	Other (please specify)	