

## Initial Intake Form (for international patients only)

### Patient Information

- **Full Name:** \_\_\_\_\_
  - **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_
  - **Gender / Preferred Pronouns:** \_\_\_\_\_
  - **Nationality:** \_\_\_\_\_
  - **Primary Language:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Phone / WhatsApp Number (include country code):**  
\_\_\_\_\_
- 

### Reason for Contact

- Please briefly describe your current mental health concerns and why you are seeking hospitalization:
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### Urgency of Care

- ☐ Immediate / Crisis situation
  - ☐ Within the next few days
  - ☐ Within the next few weeks
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### Previous Mental Health Treatment (check all that apply)

- ☐ No previous treatment
  - ☐ Outpatient therapy or counseling
  - ☐ Psychiatric medication
  - ☐ Previous hospitalization(s)
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### Current Needs

- ☐ Inpatient hospitalization

- ☐ Evaluation / second opinion
  - ☐ Both
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### Medical & Safety Information

- Are you currently taking medication?  
☐ Yes – please specify: \_\_\_\_\_  
☐ No
  - Do you have any immediate safety concerns (suicidal thoughts, risk of harm, etc.)?  
☐ Yes  
☐ No
- 

### Logistics

- Do you need assistance with:  
☐ Travel arrangements to Greece  
☐ Translation / interpreter services  
☐ Insurance or payment guidance
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### Consent & Privacy

- ☐ I consent to the use of my information for the purpose of initial assessment and contact by the clinic.
- ☐ I understand this form does not replace a medical evaluation.

**Signature / Typed Name:** \_\_\_\_\_

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

*⚠ If you are in immediate danger, please call your local emergency number. This form is not an emergency response service.*