



The MECCA Group, LLC
1001 Connecticut Avenue, NW Suite 1235
Washington, DC 20036 * 202-529-3117 (phone/fax)

Initial Clinical Screening

Date of Screening: _____

Thank you for choosing The MECCA Group, LLC for your mental and behavioral health needs. Please complete all fields below and submit to clinic@themeccagroupplc.com. You will be contacted by our Clinical Manager within 48 hours of receipt.

Request for: Therapy _____ Testing _____ Referral source: _____

Client full name: _____

Parent(s)/Guardian name if client is under the age of 18: _____

DOB: _____ Phone #: _____ Email: _____ Age: _____

Current Concern: _____

History of previous participation in therapy and/or psychological testing

- a) No
- b) Yes

If yes, please describe: _____

History of mental health diagnosis/es

- a) No
- b) Yes

If yes, please list: _____

History of psychotropic medication

- a) No
- b) Yes

If yes, please list: _____

History of suicide

- a) No
- b) Yes Past: Present: Ideation: Plan: Attempt:

History of homicide

- a) No
- b) Yes Past: Present: Ideation: Plan: Attempt:

History of alcohol abuse

- a) No
- b) Yes

History of substance use

- a) No
- b) Yes

If yes, please list:

Quality of sleep within the past 2 to 4 weeks

Quality of appetite within the past 2 to 4 weeks

Social support system/ relationships

- a) No
- b) Yes

Preference for clinician

- a) No
- b) Yes

If yes please state

Preference for meeting times

- a) No
- b) Yes

If yes: select days M T W T F S S

If yes: select times

Preference for service delivery

- a. In person
- b. Virtual
- c. In Person/Virtual

Insurance Information:

Additional Information/ Questions:

MECCA Clinical Manager (*Office Use Only)

Screening notes:

Evaluation request:

Available For Remote Testing Assistance: Yes No
Type of Evaluation(s) Requested:

Admission:

Educational:

Psychological:

Comprehensive Psychological:

Comprehensive Neuropsychological:

Remote Testing Eligible: Yes No

Concurrent Evaluations Being Completed: Yes, _____ No

Documentation Attached: Yes No

For Therapist

Status:

- a) Active
- b) Inactive

Notes

Attempt 1:

Attempt 2:

Attempt 3: