 **IUT Mental Health Intake & Evaluation**

*Patient Name:* MUID

*Medical Record #:* 55787986

*Date of Birth:* April 5 2000

*Current Age:* 21

Date Service Provided: 2/17/2021

Primary Care Provider: Dr. X

**Eye Contact:** intense

**Psychosis:** denied

**Hallucinations:** visual

**Delusions:** Jealousy