



# The Place Within

A Nonprofit Counseling Center

## New Minor Client Intake

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

### General Information:

Minor's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Minor Cell Phone (if applicable) \_\_\_\_\_ Minor's Email Address \_\_\_\_\_

Minor's School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Parent(s) Cell Phone \_\_\_\_\_ Parent(s) Home Phone \_\_\_\_\_ Parent(s) Work Phone \_\_\_\_\_

Parent(s) Email Address \_\_\_\_\_

If we call, may we identify ourselves as "counselors from The Place Within"? \_\_\_\_ Yes \_\_\_\_ No

Emergency Contact (Besides Parent/Guardian) \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Adults with whom Minor Lives with:

\_\_\_\_\_  
Name/Relationship \_\_\_\_\_

\_\_\_\_\_  
Name/Relationship \_\_\_\_\_

### Minors with whom Minor Lives with:

\_\_\_\_\_  
Name/Relationship \_\_\_\_\_

\_\_\_\_\_  
Name/Relationship \_\_\_\_\_