

MINOR INTAKE INFORMATION

Legal Name of Client:

Client's Date of Birth?

Client's Age:

Client's Address:

Caregiver A's Legal Name:

Does the Client live with Caregiver A?

Caregiver A's Email:

Best Contact Number:

C O U N S E L L I N G

Preferred Method of Contact:

Marital Status between Caregivers:

Caregiver B's Legal Name:



Does the Client live with Caregiver B?

Caregiver B's Email:

Best Contact Number:

Preferred Method of Contact:

Main Concerns for Therapy or Assessment:

Is there anything else you would like me to know before the first appointment?

Is there a specific therapist you are requesting to see?

C O U N S E L L I N G

Are you looking to utilize coverage through a third-party or your employer?

*If responding yes, what is the insurance company?

*If responding no, are you willing to submit tax documents to prove income to qualify for our sliding scale fee for those who have a gross household income under \$140,000?

I am available for appointments: