

Intake Cover Page for TEENS

Teens, this form is required for your file. You are welcome to fill this form out. However, you might need some help from a parent, especially for the insurance info. The information is needed for claims and/or auditing. Please PRINT clearly.

Your Name _____ Male Female
FIRST NAME MIDDLE LAST NAME CIRCLE ONE

Date of Birth _____ School _____ Grade _____

Parent #1 _____
NAME ADDRESS

Parent #2 _____
NAME ADDRESS

If you spend time at more than one address for any reason, please indicate how many days/nights you spend in each home. _____

Your Phone Number: _____ Accept texts? Yes No

Do we have permission to leave you a message at this number? Yes No

Parent #1's Phone Number: _____ Accept texts? Yes No

Do we have permission to leave you a message at this number? Yes No

Parent #2's Phone Number: _____ Accept texts? Yes No

Do we have permission to leave you a message at this number? Yes No

Who is responsible for scheduling appointments? _____

How will you be getting to and from appointments? _____

INSURANCE INFORMATION (Please print clearly)

Member's Name _____ Member's Employer _____

Insurance Carrier _____ Group # _____ Plan _____

Member ID # _____ Member's Date of Birth _____

Your relationship to member: SELF CHILD/DEPENDENT

Today's Date _____ Date & time of first scheduled appointment _____

Name of my counselor _____

Whom can we thank for your referral to North Shore Counseling?

PERSONAL REFERENCE _____

INTERNET: GOOGLE BING YAHOO OTHER _____

INSURANCE COMPANY _____

Emergency Contact (Name, Phone, & Relationship): _____

Session Fees & Copays: Due at the beginning of each appointment. Payment can be made by cash, check, or credit card. Pay the therapist directly.

Checks should be made payable to North Shore Counseling, Ltd.