

Intake Cover Page for Children

This form is required for your child's file. The information is needed for claims and/or auditing purposes. Please PRINT.

Child's Name _____ Boy Girl
FIRST NAME MIDDLE LAST NAME CIRCLE ONE

Parent #1 _____
NAME ADDRESS

Parent #2 _____
NAME ADDRESS

If the child spends time at more than one address, please indicate how many days/nights the child spends in each home. _____

Primary Phone Number: _____ Accept texts? Yes No
Do we have permission to leave you a message at this number? Yes No

Secondary Phone Number: _____ Accept texts? Yes No
Do we have permission to leave you a message at this number? Yes No

INSURANCE INFORMATION

Member's Name _____ Member's Employer _____

Insurance Carrier _____ Group # _____ Plan _____

Member ID # _____ Member's Date of Birth _____

Patient ID # _____ Patient's Date of Birth _____

Patient relationship to member: SELF CHILD/DEPENDENT

Today's Date _____

Date of first scheduled appointment _____

Name of my child's counselor _____

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

PERSONAL REFERENCE _____

INTERNET: GOOGLE BING YAHOO OTHER _____

INSURANCE COMPANY WEBSITE _____

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.