



Child Intake Form

CHILD INFORMATION

First Middle Last

Date of Birth Age Male/Female (Circle one)

_____-_____-_____
Social Security Number

Address: Street

City State Zip

PARENT/GUARDIAN INFORMATION

Primary Guardian

First Middle Last

Relationship to Child

Address: Street

City State Zip

Primary Phone Number Ok to Leave a Message? Yes No

Secondary Phone Number Ok to Leave a Message? Yes No

Secondary Guardian

First Middle Last

Relationship to Child

Address: Street

City State Zip

Primary Phone Number Ok to Leave a Message? Yes No

Secondary Phone Number Ok to Leave a Message? Yes No

Are both the primary guardian and secondary guardian allowed to have contact with the child client? Yes No

Please indicate if there are specific rules regarding contact, custody or other powers or limits of powers related to either guardian. Please provide a copy of the custody agreement if relevant, as enrollment in therapy cannot occur without the consent of both legal guardians when applicable.

How did the you learn of Encompass Mental Health?:

INSURANCE

Health Insurance Provider Health Insurance ID/Group Number

Name of Policy Holder Policy Holder's Date of Birth

Policy Holder's SSN Relationship to Client

BACKGROUND

List the names, ages, and relationship of all family members with whom the child lives:

Name Relationship/Age

Name Relationship/Age

Name

Relationship/Age

Name

Relationship/Age

Name

Relationship/Age

School Currently Attending

Grade

Name of Teacher

Did this teacher refer you? Yes No

Previous Counseling Experience: _____

Briefly explain the reason for seeking counseling: _____

MEDICAL INFORMATION

Primary Care Physician

Hospital/Clinic Name

Date of Most Recent Exam/Physical

Medical Problems/Diagnoses

Medications

Unusual Health Background or Experiences?