

# CLIENT INTAKE FORM - MINOR

Under the age of 18



Groff  
& Associates  
Professional Counseling

## Child's Information - Please print clearly - One person per section.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Male  Female

Referred By: \_\_\_\_\_

Email Address: \_\_\_\_\_

May we leave messages? Yes  at home  on cell phone OR No  please don't leave messages

## Child's Mother - Please print clearly.

Responsible Party

Insurance Policy Holder

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Mother's Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status:  Single  Married  Other Employer's Name: \_\_\_\_\_

May we leave messages? Yes  at home  on cell phone OR No  please don't leave messages

## Child's Father - Please print clearly.

Responsible Party

Insurance Policy Holder

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Father's Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status:  Single  Married  Other Employer's Name: \_\_\_\_\_

May we leave messages? Yes  at home  on cell phone OR No  please don't leave messages

**NOTE:** If insurance is filed, by either Groff & Associates or yourself, all **standard billing rates** must apply. If you are paying a reduced rate and try to file an insurance claim on your own, it constitutes *insurance fraud* and we will not release the information needed by the insurance company to process the claim.