

Intake Form, Minor

CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____

Grade: _____ School: _____

Parent/Guardian Name(s): _____

Relationship to child: _____

Address: _____

City/State: _____ Zip _____

Best phone(s) to reach you at: _____

Email; (Optional) _____

Emergency contact name & relation to you:

Emergency Contact Phone(s): _____

Terry Abell, Mental Health Counseling, LMHC
Cert. Intern Supervisor
www.TerryAbell.com
850-792-5609

MEDICAL INFORMATION:

Has your child had previous counseling?

Is your child currently seeing a therapist?

Is your child currently on any medication(s)?

If yes, please indicate what type(s) and for what
condition: _____ Allergies? _____

Any special medical problems or conditions?

INSURANCE INFORMATION:

(Please fill out if you plan to use insurance to pay).

Name of Company: _____

Name of insured if other than you _____

I authorize the use of this information on all insurance submissions. I
have received and read the Appointment & Fees Policy and the HIPPA
privacy agreement.

Signature _____ Date _____

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PERMISSION FOR SERVICES:

I grant permission for the Terry Abell to provide mental health counseling services for my minor child. Consent to the above service is required of all minor clients by their legal guardian. I understand that under certain conditions, the counselor is legally and ethically obligated to release information about a minor without consent. These conditions include the following:

1. Suspected abuse (physical, sexual, or neglect) of children, the aged, and the disabled: As licensed psychologists, counselors and social workers, we are required by law to report suspected abuse to the Florida Department of Children and Families.
2. Potential homicide or suicide: In instances where a client threatens homicide, we may have to notify the intended victim and police. Likewise, if a client is thought to be at risk for suicide, family and/or authorities will need to be notified in order to protect the individual.
3. Court-orders: We must release client records if a judge issues a court order compelling us to do so, although we always first offer alternatives to releasing complete records and do not do so without notifying the parent/guardian of any request. We are ethically compelled to release the least amount of information and offer alternative information rather than in-depth information.

Parent/Guardian's Name (Please Print)

Parent/Guardian's signature

Date