

Tricia K. Buttkus, LCSW

Intake Form – Minor

Name of Patient: _____

(First)

(Middle)

(Last)

Home Address: _____

Home Phone #: (____)_____-____ Cell Phone # (____)_____-_____

Date of Birth: ____/____/____ Name of School: _____

Name of Father: _____

(First)

(Middle)

(Last)

Birthdate: ____/____/____ SS# ____-____-_____

Cell Phone # (____)_____-____ Home Phone # (____)_____-_____

Father's Address: _____

Employer's Address: _____

His Work Phone: (____)_____-____ Position: _____ Years with Firm ____

His Insurance Company: _____ Group # _____

Insurance Co. Address: _____ Phone # _____

Name of Mother: _____

(First)

(Middle)

(Last)

Birthdate: ____/____/____ SS# ____-____-_____

Cell Phone # (____)_____-____ Home Phone # (____)_____-_____

Mother's Address: _____

Employer's Address: _____

Her Work Phone: (____)_____-____ Position: _____ Years with Firm ____

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Her Insurance Company: _____ Group# _____

Insurance Co. Address: _____ Phone # _____

Who Does The Child Live With? _____

Other Children

Full Name _____ Birthdate ___/___/_____ Lives With _____

Full Name _____ Birthdate ___/___/_____ Lives With _____

Full Name _____ Birthdate ___/___/_____ Lives With _____

Person (other than parents) to Notify

in Case of Emergency: _____

Relationship To You: _____

Address: _____

Home Phone (____)_____-_____ Cell Phone (____)_____-_____

Work Phone (____)_____-_____

Who Referred You Here? _____

Who Is Your Child's Primary Physician? _____

Address and Phone # _____

Date of Last Visit? _____/_____/_____

Is Your Child Currently Being Treated For Any Illness? Y/N

If yes, please describe: _____

Is your child currently taking any medications? Y/N

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If yes, list medications, dosage and reasons: _____

What symptoms is your child currently having that has brought you to counseling? _____

How long has your child been experiencing these symptoms? _____

Has your child had any previous psychological treatment or counseling? **Y/N**

With Whom? _____ When? _____

Address: _____

Phone # (____)_____-_____

Person Legally Responsible for this account:

Name: _____

(First)

(Middle)

(Last)

Address: _____

Home Phone # (____)_____-_____ Work Phone # (____)_____-_____

Cell # (____)_____-_____