# Mt. Pleasant
# Community Counseling Associates, P.C.

500 S. Main Street Suite B
Mt. Pleasant, Michigan 48858
(989) 773-0222

OFFICE USE ONLY

Dx: _____
F: _____
T: _____

CPT Code: _____

Ins. - 3rd Party - Self-Pay:

_____

Co-Pay: _____

## Client Intake Form-C

Date: _____

Legal (For billing purposes
**Child's Name:** _____ DOB: _____ Sex: __M __F ____

Address: _____

City, State, Zip: _____ Phone: _____

Insurance: _____ ID#: _____ Insured's DOB: _____

School: _____ Grade: _____

How did you hear about Community Counseling Associates? Friend _____ Phone Book _____ Other _____

If Other, Describe (Health Professional, etc): _____

(If referred by a Health Care Professional, may we send a thank-you?) Yes _____ No _____

**Father:** _____ SS No.: _____ DOB: _____

Address (If different than child's): _____ Phone: _____

Employment: _____ Work Phone: _____

**Mother:** _____ SS No.: _____ DOB: _____

Address (If different than child's): _____ Phone: _____

Employment: _____ Work Phone: _____

Siblings (Names and Ages): _____

With Whom Does the Child Reside (include all names, ages, and how related): _____

_____

Responsible Party: _____ Who has custody of Child: _____

Previous Mental Health Services: _____

Drug/Alcohol Use: _____

Describe Problems and or Concerns: _____

Duration of Problems and or Concerns: _____

Describe Changes You Would Like To See: _____

Please Note: Therapists have the right to discontinue services at any time per their discretion.

_____ _____

Signature Date