

# 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. - 3<sup>rd</sup> Party - Self-Pay: \_\_\_\_\_

Co-Pay: \_\_\_\_\_

## Client Intake Form-C

Date: \_\_\_\_\_

**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