

Intake form- child

Child's name: _____

Social Security #: _____

Child's current address: _____

Date of Birth: _____

Age: _____ Sex: _____ Parent's marital status: _____

With whom does the child currently live? _____

Who has legal custody of the child? _____

Current school/grade: _____

Has child ever received professional counseling before? _____

If yes, indicate when, with whom, and how long? _____

Reason for seeking past counseling: _____

List all medical conditions and medications (include dosage) for your child:

List any legal problems your child has had: _____

List reasons for seeking current counseling: _____

How have you dealt with these problems up until now? _____

Signature of Legal Guardian

Date

Belaire Counseling Services
Christine Belaire, Ph.D.
5536 Superior Dr. Suite C
Baton Rouge, LA 70816

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(225) 572-6041

PARENT INFORMATION FORM

Name: _____ Social Security #: _____

Date of Birth: _____ Age: _____ Sex: _____ Marital Status: _____

Spouse Name: _____ Spouse's Social Security #: _____

Address Physical (include city, state, zip): _____

Address Mailing (include city, state, zip): _____

Home # () _____ Work # () _____ Cell # () _____

Email address: _____

May I contact you by e-mail? _____

Occupation: _____ Years of Education/Degree: _____

Employer: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Referred By (choose one): Insurance company (list name) _____

Person/organization (list name) _____ phone book (list name) _____

Other referral (list name) _____

May I thank the referral? _____

RESPONSIBLE PARTY/GUARANTOR: Name: _____

RELEASE/PAYMENT AUTHORIZATION: I agree to provide payment in full at the time of service to Belaire Counseling Services 5536-C Superior Dr., Baton Rouge, LA 70816. I authorize the release of medical information necessary to process an insurance claim on my behalf my child. I acknowledge that I received a copy of the HIPAA Privacy Notice.

Signed: _____ Date: _____

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