

Cornerstone Counseling Center
4037 Parchman St. N. Richland Hills, TX 76180

for office use

Therapist _____
Diagnosis _____
Date _____

Child Intake Form (17 and under)

Primary Client _____

Address _____
First MI Last

Date of Birth _____ Age _____ Gender _____ SS # _____
Street City State Zip

Parents Divorced ☐ Yes
☐ No

Mother's Name _____ DOB _____ SS# _____ Employer _____

Father's Name _____ DOB _____ SS# _____ Employer _____

Names of other Family Members _____ Age _____ Gender _____ Relationship _____

By whom were you referred _____

Current Medications/Medical Problems _____

Past or Current psychological/Psychiatric/Counseling Services _____

Church Affiliation _____

Would you like prayer as a part of your child's counseling _____

*State Law now requires that parents that are divorced (or have any other type of legal guardianship) must show the most recent documentation proving that you have the legal right to seek medical or psychological treatment for the child. We empathize with the extra hassle, unfortunately it is necessary that we make a copy to put in the child's file before we see your child in a session. Please circle the appropriate status:

I have the Documents with me

I'll bring the Documents next session

For Your Convenience: You may choose to receive appointment reminders via text, email or both

Cell Phone _____ Email _____

Other Daytime Phones _____

By signing this form you acknowledge that information is correct and that you are giving CCC permission to contact you regarding upcoming appointments or scheduling changes:

Signed _____ Date _____

See Back Side