

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 _____
First MI Last

Address _____
Street City State Zip

Date of Birth _____ Age _____ Gender _____ SS # _____
Parents Divorced Yes _____ No _____

Mother's Name _____ DOB _____ SS# _____ Employer _____
Home Phone _____ Cell Phone _____ Work Phone _____

Father's Name _____ DOB _____ SS# _____ Employer _____
Home Phone _____ Cell Phone _____ Work Phone _____

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 _____

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 _____