

**Young Adult Intake Form**  
**To Be Completed by Parent**

Young Adult's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Young Adult's S.S.# \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number where we may leave a message (\_\_\_\_\_) \_\_\_\_\_

Person responsible for bill \_\_\_\_\_

Address of person responsible for bill (if not already listed)

**Parent Information**

**Father's Name** \_\_\_\_\_

Address if different from above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address if different from above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

**Names of Step – Parents** (If applicable)

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy Holder Date of Birth \_\_\_\_\_

Client Relationship to Policy Holder \_\_\_\_\_

**Secondary Insurance Information**

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Policy Holder \_\_\_\_\_

Client Relationship to Policy Holder \_\_\_\_\_

**Physician Information**

Who is your child's primary care physician? \_\_\_\_\_

What clinic do you go to for your child's care? \_\_\_\_\_

What is the clinic phone number? \_\_\_\_\_

May we provide information about your son/daughters care to their physician? \_\_\_\_ yes \_\_\_\_ no

Please indicate any medications being taken by your son or daughter.

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Purpose \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Purpose \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Purpose \_\_\_\_\_

**Primary Concerns**

What are your primary concerns about your child that have brought you here today?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see as your son or daughters greatest strengths?

\_\_\_\_\_  
\_\_\_\_\_

What are you hoping will be accomplished through therapy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_