

6005 Salem Road S.W.
Rochester, MN 55902
Telephone: (507)281-3033
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INTAKE FORM-YOUTH

Date: ____/____/____

Child's Full Name: _____ Age: _____

Social Security #: ____ - ____ - ____ Date of Birth: ____/____/____ Sex: ____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ (Home) _____ (Work)

Cell Phone: _____

Do you have a Living Will? Yes No (Please circle one)

School: (Name, Address, Phone #) _____

Grade: _____ Teacher/Counselor: _____

Mother: (Name, Address, Phone #): _____

Father: (Name, Address, Phone #): _____

Siblings: (Names & Ages): _____

PAYMENT/INSURANCE INFORMATION: (PLEASE COMPLETE ACCURATELY)

Do you have sufficient funds to pay for these services if not fully covered by insurance? _

Name of Insurance Company: _____

Address of Insurance Company: _____

City: _____ State: _____ Zip: _____

Name of Primary Insured: _____

Policy ID Number: _____ Group Number: _____

Social Security # of Primary Insured: ____ - ____ - ____

THE FOLLOWING INFORMATION IS FOR USE ONLY IN EMERGENCY:

Name of Emergency Contact: _____

Address: _____ City: _____ State: _____

Home Phone #: _____ Business Phone #: _____

Cell Phone #: _____

Relationship to client: _____

