

DATE: _____

CREDIBLE #: _____
(OFFICE USE ONLY)



CHILD AND ADOLESCENT SAME DAY ACCESS INTAKE FORM

Child's Name: _____
FIRST MIDDLE LAST

Address: _____

Phone: _____ DOB: _____ SSN: _____

Race: _____ Preferred Language: _____

Hispanic Origin (if applicable): _____

Who has legal custody or guardianship of child? _____

School Attending: _____ Current Grade: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

E-Mail Address: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

E-Mail Address: _____ Cell Phone: _____

Relationship Status of Parents:

☐ Not married ☐ Married/Partnership ☐ Separated ☐ Divorced ☐ Widowed

Primary Custodian(s): _____

CLIENT NAME: _____

CREDIBLE #: _____

REFERRAL INFORMATION

Who referred you for services with Northwestern CSB?

Please describe your reason for seeking treatment at this time:

Is your child currently, or has your child ever in the past, received treatment or counseling for mental health and/or substance use concerns?

☐ No ☐ Yes (please explain): _____

MEDICAL INFORMATION

Current Primary Care Physician/Pediatrician: _____

Practice Name: _____ Phone: _____

Medical Issues/Physical Complaints (please list below):

Allergies to Medications, Foods, Other:

Number of Emergency Room Visits in the last six months: _____

CLIENT NAME: _____

CREDIBLE #: _____

Currently Prescribed Medications (Medical and Psychiatric):

MEDICATION	STRENGTH AND DOSAGE	PRESCRIBER

☐ See attached Medication List ☐ Additional Medications Listed on Back

LEGAL HISTORY:

Has your child been arrested in the last 30 days? ☐ Yes ☐ No

Is your child currently on Probation? ☐ Yes ☐ No

Does your child have any current legal charges? ☐ Yes (List Below) ☐ No

Does your child have any past legal convictions? ☐ Yes (List Below) ☐ No

Is there anything else that you feel is important for us to know before we begin your child's intake?

What is your child's insurance?

(SIGNATURE)

(DATE)

(PRINTED NAME)

(RELATIONSHIP TO CHILD)