

Acknowledgement and Authorization

CLIENT NAME: (printed) _____ TODAY'S DATE: _____

Disclosure Statement and Payment:

As shown by my signature below, I have read and understand the Disclosure Statement.

This includes understanding and agreeing to the exceptions to confidentiality, the 24 hour cancellation policy, and that the current rate is \$80 per 50 minute session. Without 24 hours notice, I will be responsible for full payment (\$80).

I acknowledge a copy has been made available to me at: <http://www.minheejcho.com> and is also available in hardcopy form from Min Hee J. Cho, LMFTA by request.

Client Signature: _____

Parent Signature: _____

Notice of Privacy Practices:

I hereby acknowledge receiving a copy of the Notice of Privacy Practices.

I acknowledge a copy has been made available to me at: <http://www.minheejcho.com> and also is available in hardcopy from Min Hee J. Cho, LMFTA by request.

Client Signature: _____

Parent Signature: _____

Insurance:

I do not bill insurance claims but can provide you with an invoice of my service. If your insurance provider will be covering the cost of your counseling then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filing out any appropriate paperwork and submitting it to the insurance company.

Client or Authorized person's signature: _____

CHILD/TEEN INTAKE FORM

*Please complete all questions on this form (Please Print)

Today's date: ___/___/___
Client's Name: _____ Date of Birth: ___/___/___
Parent/Guardian Name (s): _____
Address: _____ City _____ State _____ Zip _____
Home Phone: (____) _____ Cell: (____) _____ Email: _____
How do you prefer to be contacted? _____

Emergency Contact Person: _____ Phone: _____
Relationship to client: _____

Who referred you to me? _____ Phone number: _____ Email: _____
May I get a permission to thank them ? YES NO
How did this person explain how I might be of help to you?

CLIENT INFORMATION

Child/Teen's Name: _____

Date of Birth: ___/___/___ Birth Place: _____ Gender: Male/Female

Age: _____ School: _____ Grade: _____

Ethnicity: African American Asian Hispanic Caucasian _____ (Specify)

How is your child/teen doing in school? _____

Does your child/teen ever like school? _____

Has your child/teen ever been held back in school? If yes, what grade? and why? _____

Other activities involved in: _____

Parents are currently: Married Separated Divorced Remarried _____ (Specify)

Current living situation (i.e. : weekends with mom/dad, etc.): _____

Was your child/teen adopted? Yes No Is there any living situation changes? (i.e. immigrant, refugee, etc.) Yes No

Who is your child/teen's primary care physician? _____

When was your child/teen's last check up? _____

Has your child/teen even been in counseling? Yes No If yes, when? _____

Counselor's name: _____

Reason: _____

Was it helpful? _____

Please indicate any medications (prescription or non-prescription) your child/teen is currently taking:

Name	Dose	Reason	Length of time on

Siblings:

Name	Age	Gender	Full/half/step sibling?	Living with client?

Please indicate any important people in (other than biological relationships) in your child/teen's life:

PARENT INFORMATION

Mother's name : _____ Age: _____
 Occupation: _____ Education: _____
 Birth Place : _____ Religion (If any): _____
 History of mental illness? Yes No _____
 History of drug/alcohol abuse? Yes No _____
 Relationship status: single married separated divorced remarried in relationship _____
 Who lives in this household? _____
 How is relationship between mom and child/teen? _____

Father's name : _____ Age: _____
 Occupation: _____ Education: _____
 Birth Place : _____ Religion (If any): _____
 History of mental illness? Yes No _____
 History of drug/alcohol abuse? Yes No _____
 Relationship status: single married separated divorced remarried in relationship _____
 Who lives in this household? _____
 How is relationship between mom and child/teen? _____

Why are you seeking help?

If you have any questions then please let me know. Thank you.