Naturally You Counseling Center
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Denton, TX. 76209
940-484-6275

Adolescent Intake Form

Clients Name _____

Address _____

City / State / Zip _____

(Ok to send correspondence to this address? Yes / No)

Home Phone _____ Ok to leave a message here? Yes / No

Cell Phone _____ Ok to leave a message here? Yes / No

Work Phone _____ Ok to leave a message here? Yes / No

Email _____ Ok to leave a message here? Yes / No

Birth Date of client _____

Occupation _____

How did I hear about Naturally You?

- ○ Internet search
- ○ Yellow pages
- ○ Friend
- ○ Relative
- ○ Referral
- ○ Other health professional
- ○ Facebook

Insurance Information

Policy holders name _____ Policy holders SSN# _____

Policy holders employer _____

Policy holders co. _____

Clients (adolescent) ID# _____

Insurance phone # (back of card) _____

Initial for Authorization (Client's with Insurance ONLY)

_____ Electronic submission is often a faster method to reimbursement. I understand that Naturally You is an Out-Of-Network provider in some cases, that will submit for insurance reimbursement upon my request.

_____ Should I authorize Naturally You to submit claims to my insurance company, I hereby authorize the release of any information relating to insurance claims, and I authorize payment of group insurance benefits directly to Naturally You, which may be used as credit for upcoming appointments.

_____ I understand that my insurance company may pay less than the actual bill for services, and that I am fully responsible for payment in full at the time of my appointment.

_____ I give consent to Naturally You to perform necessary procedures to diagnose, treat and care for the mental health needs for my child or me.

_____ I understand that all receipts will be mailed to my address given on the Intake Form, but that I can request a paper copy anytime

Payment Type.

How will you be paying for your sessions (circle one)

CASH CHECK VISA MASTERCARD AMERICAN EXPRESS

If paying by credit card, please fill out the following:

Name on card.

Card number.

CVV code.

Card expiration date.

Authorized card signer.

Please describe the main problem for which your child is seeking help

Please indicate all symptoms they have been experiencing recently

- ○ feelings of sadness or emptiness
- ○ loss of interest or pleasure in activities or hobbies that were once enjoyed
- ○ feelings of helplessness and pessimism or guilt
- ○ complains of not having friends
- ○ reports being bullied, or bullies others
- ○ anger outbursts
- ○ getting into verbal or physical fights with peer or family members
- ○ unrealistic fears, such as being alone
- ○ change in appetite
- ○ change in sleep patterns or afraid to sleep alone
- ○ loss of energy/fatigue
- ○ nervousness, anxiety
- ○ irritability
- ○ hyperactive or excessively energetic
- ○ frequently caught lying
- ○ running away or threats of running away
- ○ abusing or hurting animals
- ○ nightmares
- ○ bed wetting or incontinent throughout day
- ○ excessive preoccupation with video games or fictional characters
- ○ difficulty concentrating
- ○ talks of death / dying, or says others would be better off without them
- ○ self mutilation (cutting, burning, picking at skin, pulling of hair)

When did you first become concerned about this problem with your child?

What has been done in the past to deal with this issue?

Has your child ever been treated for a mental health concern in the past (Counseling, Psychiat., Hospital, etc.) Explain.

Are they presently receiving medication for a mental health concern? yes / no

List medications.

Describe your relationship with your child, and your child's relationship with the family.

Describe current family stressors such as relocation, financial burden, sibling rivalry, family conflicts, divorce, etc.

Does your child get regular physical activity? Explain.

Do you have concerns about your child's diet? Explain.

Name and phone # of any physicians, psychiatrists your child is now seeing.

Present Family (current family in which your child now resides)

name	age	gender	relationship to you

Is there a history of learning, emotional, or behavioral problems in your family?

Is there a history of alcohol / drug use in your family?

Is there a history of violence / abuse in your family?

Is there a history of mental health problems in your family?

Is there a history of health problems in your family?