



Canterbury Counseling Center

CHILD/ADOLESCENT INTAKE INFORMATION & CONSENT FOR TREATMENT OF MINORS

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- Nicole Felkel, M.S.W., LMSW-CP
- Joel A. Koontz, MA, LPC
- Emily N. Odom, M.S., LPC
- Mollie L. Murphy, M.A., M.Div., LPC, LPCS
- Andrea R. Helm, M.Ed., LPC, LPCS
- Catherine DuBose, Ed.S., LPC
- Other: _____

Client name _____ Date of Birth _____ Age _____

Address _____

Email _____ Social Security # _____

Gender _____ School attending & Grade _____

Employment: (if applicable) _____

Child's racial/ethnic identity (circle): African-American Asian-American White/Caucasian
Hispanic Other: _____

Child's Religious/Denominational preference _____

FAMILY INFORMATION

Child's Parents are: (circle) Single Married/Partnered Divorced Widowed

Parent/Guardian 1 info: Name _____ Age _____

Date of Birth _____ Phone Number _____ Social Security # _____

Employer & Work phone _____

Parent/Guardian 2 info: Name _____ Age _____

Date of Birth _____ Phone Number _____ Social Security # _____

Employer & Work phone _____

Legal Custodian Name (if applicable): _____

Date of Birth _____ Phone Number _____

In case of emergency, contact:

Name: _____ Relationship _____ Phone Number _____

Parent's Authorization:

- I authorize the release of health care information necessary to process any claims generated by Canterbury Counseling Center.
- I hereby authorize payment directly to Canterbury Counseling Center of any benefits due for counseling/psychotherapy. I understand that I am responsible for any amount not covered by insurance.
- This document certifies that I give my permission to the therapist named above for treatment of my child. This treatment may include individual or family psychotherapy, counseling, and assessment. This treatment may include consultation with other associates of this institution and/or referrals to other appropriate state and county or professional agencies for further counseling.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____ Phone _____

Street Address _____ City _____ State ____ Zip _____

Witness _____ Title _____