

North Star Client Intake

Name: _____ **School/Date/By:** _____

DOB: _____ **Age:** _____ **If minor, Legal Guardian's name:** _____

Home Phone: _____ **Cell:** _____ **Work Phone:** _____

Mailing/Billing Address: _____ **Employer** _____

OK to call home?* YES / NO *Initial _____ **Marital Status** (Parents status if client is a minor)
Leave Message?* YES / NO *Initial _____ Single Married Divorced
OK to call work?* YES / NO *Initial _____ Living Together Separated
Leave Message?* YES / NO *Initial _____ Length of Marriage/Divorce: _____

Other Persons in Household:

Adults-Name	Relationship	Age

Other Children - Name Relationship Age School

Other Children - Name	Relationship	Age	School
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

Who has legal custody of Client/Children? _____

Reason for Counseling: _____

Substance Use in Family or Client: Yes No _____

Co-pay Cash/Check Amount/session: \$2 \$3 \$5 \$10 \$15 \$20 \$25 \$30 \$35

School Voucher Amount/session: \$5 \$10 \$15 \$20 \$25 \$30 \$32 \$33 \$35

I understand and agree to pay the following amount, \$_____ per session. Payment is due at the time services are received.

(Signature of client/parent/guardian)

↓ Office Use Only ↓

Counselor: _____ **Appt./Date/Time:** _____

Total # Sessions: _____ **Total \$** _____ **End Date** _____

Closing Survey Sent/Date _____ **Closing Survey Rec'd** Yes No

Referred Outside NSCC No Yes: Referred to: _____