

McNiel Family Counseling & Services, LLC

P.O. Box 680427 Charlotte, NC. 28216
Phone (704) 641-4515 Fax (866) 586-7685

Intake Form

Date: _____

Client Name: _____ DOB: _____

Client Address: _____

City, State and Zip: _____

Phone Number: _____ (h) _____ (w) _____ (c)

School: _____ Grade: _____

Client Social Security Number: _____

Parents or Legal Guardian Name: _____

Insurance Plan Name: _____ Phone: _____

Insurance number: _____

Insured Name: _____ Insured DOB: _____ SSN#: _____

Referral source: _____

Reason for referral:

Previous therapist: _____ Phone: _____

Dates received previous therapy: _____

Current medications: _____

Pertinent medical information:

List of current providers of services and phone numbers:

List of evaluations completed prior to this date:
