

Campbell Teen & Family Therapy
 441 N. Central Ave. #6
 Campbell, CA 95008



Intake Form Teens/Children

Client Name: _____

Client's Date of birth: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____

Ok to leave a message? Yes No

Client's Mobile Phone: _____

Ok to leave a message? Yes No

Client's Email: _____

Client's School of Attendance: _____

Grade: _____

Sibling 1 name/age

Sibling 2 name/age

Sibling 3 name/age

Mother's Name _____

Mother's Mobile Phone: _____

Ok to leave a message? Yes No

Mother's Work Phone: _____

Ok to leave a message? Yes No

Mother's Email: _____

Does Mother live with client? Yes No

Father's Name: _____

Father's Mobile Phone: _____

Ok to leave a message? Yes No

Father's Work Phone: _____

Ok to leave a message? Yes No

Father's Email: _____

Does Father live with client? Yes No

Referred by: _____

Permission to Thank? Yes No

Email appointment reminders? Yes No

Text appointment reminders? Yes No

Emergency Contact:

Name: _____

Phone #: _____

Preferred Payment Method: Visa MC Discover AMEX

Do you have a flex spending account? Yes No

If yes, is it an HSA or FSA?

Do you need a Superbill for insurance? Yes No CTFT2018