



CCD Counseling P.A.

Denton Lewisville Farmers Branch
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ID# _____
Office: D sDp L F
Related File: _____

PLEASE COMPLETE THE FOLOWING FOR OUR RECORDS. THE SECOND PAGE CONTAINS PLACES FOR ADDITIONAL PERSONS, AUTHORIZING ADULTS, AND PRIMARY INSURED.

PLEASE PRINT

TODAY'S DATE ____/____/____

NAME _____
LAST FIRST MIDDLE

DATE OF BIRTH ____/____/____ AGE _____ SEX: M F

CURRENT OCCUPATION/STUDENT _____

EMPLOYER/SCHOOL _____

-----If above client is a minor, use parent/guardian information in this section-----

MAILING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE#(____) _____ EMAIL: _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ RELATIONSHIP TO CLIENT _____

PHONE (H) (____) _____ (W) (____) _____

PLEASE LIST ANY CURRENT MEDICATIONS OR MEDICAL CONDITIONS:

PLEASE BRIEFLY DESCRIBE THE REASON YOU ARE SEEKING COUNSELING:

WHO REFERRED YOU TO US? NAME: _____ AGENCY: _____

CLIENT SIGNATURE _____ DATE _____
PARENT/GUARDIAN IF CLIENT IS A LEGAL DEPENDENT (SEE NEXT PAGE)

CLINICIAN INITIALS _____ *LD* _____ *LD* _____

PRIMARY INSURED: If this is an INSURANCE case and the person on page one is not the PRIMARY INSURED, the PRIMARY INSURED MUST be listed here.

NAME _____ DATE OF BIRTH ____/____/____
AGE _____ SEX M F
OCCUPATION /STUDENT _____
EMPLOYER/SCHOOL _____
RELATION TO CLIENT LISTED ON PAGE ONE _____

Authorizing adult information (if not listed above) and/or other participants:

NAME _____ DATE OF BIRTH ____/____/____
AGE _____ SEX M F
OCCUPATION /STUDENT _____
EMPLOYER/SCHOOL _____
RELATION TO CLIENT LISTED ON PAGE ONE _____

NAME _____ DATE OF BIRTH ____/____/____
AGE _____ SEX M F
OCCUPATION /STUDENT _____
EMPLOYER/SCHOOL _____
RELATION TO CLIENT LISTED ON PAGE ONE _____

NAME _____ DATE OF BIRTH ____/____/____
AGE _____ SEX M F
OCCUPATION /STUDENT _____
EMPLOYER/SCHOOL _____
RELATION TO CLIENT LISTED ON PAGE ONE _____

More? PLEASE ASK FOR AN ADDITIONAL CLIENT FORM.

OFFICE USE ONLY

FEE ASSESSMENT: # IN HOUSEHOLD ____ GROSS \$ _____ FEE \$ _____

SERVICE	CLINICIAN	CLINICIAN	FEE	INDIVIDUAL OR COPAY	CONTRACTING BALANCE
/			\$	\$	\$

FAMILY TREE SURVEY COMPLETE? _____

SELF PAY CLIENT NEEDS A MONTHLY PROBATION REPORT

INTAKE STAFF SIGNATURE _____ DATE ____/____/____