Bellosa Counseling, LLC 350 S. Northwest Highway, Suite 300 Park Ridge, IL 60068



## **Intake Cover Page: CHILD / TEEN**

This form is required for your file. The information is needed for claims and/or auditing purposes. Please fill in all areas. "Client" & "Patient" refer to person seeking services. "Member" refers to the person who carries the insurance policy.

Today's Date:			
Client Name			Male Female
FIRST NAME		LAST NAME	CIRCLE ONE
Date of Birth	School	Gra	ade
Parent #1			
NAME	ADDRESS		
Parent #2			
NAME	ADDRESS (if differ		
		Accept texts? Yes	
		message at this number? Yes	
		Accept texts? Yes	
	·	a message at this number? Yes	No
			No
Do we have	e permission to leave you a	a message at this number? Yes	No
How will client be getting to and INSURANCE INFORMATION (Plea	I from appointments?		
Member's Name	Member's Employer		
Insurance Carrier	Group #	Plan	
Member ID #	Meml	per's Date of Birth	
Your relationship to member: S	·		
		Supervisor (if	
Date & Time of first scheduled a	ppointment		
Whom can we thank for your re	ferral to Bellosa Counselin	g, LLC? PERSONAL REFERENCE	
INTERNET: GOOGLE YAHOO	INSURANCE COMPANY	OTHER	
Emergency Contact (Name, Pho	ne, & Relationship):		

**Session Fees & Copays**: Due at the beginning of each appointment. Payment can be made by cash, check, or credit card. Checks should be made payable to: Bellosa Counseling, LLC.