



Tara Yardley LPC LLC
Adolescent and Teenager Intake form

Name: _____ Date: _____

Date of Birth (Client): _____ Social Security number: _____

Phone Number (If separate from parents): _____ May we leave a Message: Yes No

Address _____

City/State/Zipcode: _____

Guardians Name: _____ Phone number: _____ Phone Type: _____

May we leave a message: Yes No

Is this an emergency contact? YES NO

Is there a court ordered custody agreement? Yes NO

Does the child live with you? Yes No

Date of Birth (Primary Guardian): _____ Social Security number (Guardian): _____

Email Address: _____

Guardians Work: _____ Phone Number: _____

How may we contact you (circle all that apply):

Phone Email Work Phone Text Mail

Guardians Name: _____ Phone number: _____ Phone Type: _____

May we leave a message: Yes No

Is this an emergency contact: Yes NO

Is there a court ordered custody agreement? Yes NO

Does the child live with you? Yes No

Date of Birth (Secondary Guardian): _____ Social Security number (Guardian): _____

Email Address: _____

Guardians Work: _____ Phone Number: _____

How may we contact you (circle all that apply):

Phone Email Work Phone Text Mail



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Adolescent and Teenager Intake Form continued

Primary Insurance Company _____ Contact Phone # _____

ID # _____ Group # _____ Employer _____

Name of Insured _____ Relationship _____ Date of Birth _____

Insured's Social Security # _____ Phone _____

Insured's Address _____ City _____ State _____ Zip Code _____

Secondary Insurance Company* _____ Contact Phone # _____

ID # _____ Group # _____ Employer _____

Name of Insured _____ Relationship _____ Date of Birth _____

Insured's Social Security # _____ Phone _____

Insured's Address _____ City /State/Zip Code _____

Responsible party, if other than client: Name _____ Relationship _____

Address _____ City/State/Zipcode _____

Spouse's Name: _____ Phone number: _____

If questions arise, can we discuss financial matters with spouse or the Responsible party noted above? YES NO

Signature _____ Date: _____

"Copays and deductibles from primary insurance are due at the time of appointment. Secondary insurance will be billed in order to reimburse client payments. Medicaid will not be billed as secondary insurance to cover copays from primary insurance.

Who can we thank for your referral? _____

Referral address:

Additional Family Members

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____