Benedict ASSOCIATES LTD.

Child Intake Form

(completed by parent)

Child's Information

Child's name:	Date of Birth: Day Month Year
Parent's name:	
Address:	
Phone numbers: (h)	(w) (c)
Parent's email:	
Parent's employer:	
Child's school and year level:	
What would you like to address in counseling? _____	
Has your child seen a therapist in the past? ☐ Yes ☐ No	
If yes, who did they see?	
Were the concerns resolved at that time? ☐ Yes ☐ No	
Are there any significant medical issues?	
Are there siblings? If yes, how many and what are their ages?	
Are parents: ☐ Married ☐ Divorced ☐ In a relationship with one another ☐ Single	

Statement of Informed Consent

Confidentiality

I will not disclose anything about you or your child to anyone without your consent, except in the following situations:

- If you or they tell me something that indicates you are a danger to yourself or others
- If you or they give me information about a child or vulnerable adult being abused or neglected
- If a court orders that information be shared with them

If you request that I speak to someone on your behalf, you will be asked to sign a release of information form.

Fees

- The fee for service is $150 per clinical hour
- Fees are payable at the end of the session

I have read and understand the statements above:

Name: (please print) _____

Signature: _____

Date: _____
Day Month Year