

Joseph LeFevre, MA, MFT
Licensed Marriage and Family Therapist
License # MFC38681
901 Campisi Way, Suite 350, Campbell, CA 95008
(408) 871-7353

Intake Form for Minors
(To be completed by responsible adult)

Date _____

Whom may I thank for referring you? _____

Minor's Full Name _____

Minor's Gender: M F Age _____ Date of Birth _____

Minor's Social Security Number _____

Minor's Ethnicity(ies) _____

Language(s) Spoken in Home _____

Minor's Address _____

street / apt. #

city

zip

Minor's Phone Numbers: Home _____ Cell _____

School _____ Grade _____

Does Minor have a Part-time Job? Y / N Employer _____

Work Phone _____

Emergency 1. Name _____ Phone _____

Contact(s):

for Relationship _____

Minor

2. Name _____ Phone _____

Relationship _____

Parent/Legal Guardian Name(s) _____

Parent/Legal Guardian Phone #'s: Home _____

Work _____ Cell _____

Parent/Legal Guardian Address(es) (if different from Minor's) :

If Minor lives in more than one location or in a special circumstance, please describe: _____

Please list all persons living in Minor's home(s). Use back of page if more space needed:

Name	Age	Relationship	Occupation/school
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I periodically send out written and/or email announcements for seminars/workshops that I lead which may be of interest to my current or past clients. Would you like to be placed on my confidential mailing list?
_____ Yes _____ No

Email Address _____ (optional - for mailing list purposes only)

Is Minor currently participating in therapy elsewhere? _____ Yes _____ No

If yes, therapist's name _____

Phone _____

Focus of therapy _____

In the following sections, please note any details that may be helpful to know:

Family History _____

School/Employment History _____

Social Connections/Interactions _____

Is there anything else you would like me to be aware of? _____

I/we confirm by signature on this form that all the information provided above is, to the best of my/our knowledge, accurate and complete.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Minor Signature (optional) _____

Date _____