

CLIENT INTAKE FORM - MINOR (under age 18)

Please print clearly - One person per section.



Child's Information -

Today's Date: ____ / ____ / ____

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Child's Birth Date: ____ / ____ / ____ Gender: ☐ Male ☐ Female

Child's Cell Phone: (____) _____ - _____ Email Address: _____

Referred By: _____ Groff & Associate's Clinician's Name: _____

Child's Parent 1 -

☐ Responsible Party ☐ Insurance Policy Holder

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Birth Date: ____ / ____ / ____ Email Address: _____

Main Phone: (____) _____ - _____ Marital Status: ☐ Single ☐ Married ☐ Other _____

Alternate Phone: (____) _____ - _____ Employer's Name: _____

May we leave messages identifying our agency?

☐ Main # ☐ Alternate # ☐ No, please do not leave messages

Child's Parent 2 -

☐ Responsible Party ☐ Insurance Policy Holder

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Birth Date: ____ / ____ / ____ Email Address: _____

Main Phone: (____) _____ - _____ Marital Status: ☐ Single ☐ Married ☐ Other _____

Alternate Phone: (____) _____ - _____ Employer's Name: _____

May we leave messages identifying our agency?

☐ Main # ☐ Alternate # ☐ No, please do not leave messages

Emergency Contact Name: _____

Relationship to Minor: _____

Emergency Contact Phone: (____) _____ - _____

NOTE: If insurance is filed by Groff & Associates, all **standard billing rates** must apply. If you are paying a reduced rate and attempt to file an insurance claim on your own, it constitutes *insurance fraud* and we will not release the information needed by the insurance company to process the claim.
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