

# 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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