



# Together - Building a Bright Future



Amber Kuntz LPCS and Associates

Licensed Professional Counselors

ID

DATE:

## GROUP INTAKE FORM

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Last Teacher: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work / Cell Phone: \_\_\_\_\_

Ok to call and identify or leave message:  Yes  No

Parent's Email Address: \_\_\_\_\_

Is it okay to contact and identify via email?  Yes  No

Referred by: \_\_\_\_\_

**We use this information to determine how to best meet your needs. Please elaborate below.**

What do you hope to achieve out of group? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long has this been a problem? (Days, Weeks, Months, etc.) \_\_\_\_\_

How can counseling/group be most helpful to the client? What would you like to change about the current situations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is client on any medication(s)?  Yes  No

Name of medication(s): \_\_\_\_\_

Explain why client is on given medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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Has client previously seen a Counselor, Psychologist, or Psychiatrist outside of this practice?  Yes  No

Name of past server: Server's Address: \_\_\_\_\_

Server's phone number: \_\_\_\_\_ How many sessions or for how long? \_\_\_\_\_

Was support helpful:  Yes  No

What was helpful? \_\_\_\_\_

Why did you discontinue seeing this server? \_\_\_\_\_

May we contact this provider:  Yes  No

By signing below you give consent for this practice to contact the above stated service provider.

Parent/ Guardian Printed Name	Parent/ Guardian Signature	Date

Is there any other relative information that could be useful? \_\_\_\_\_

By signing this form you are consenting to treatment through group counseling for your child or adolescent.

Parent/ Guardian Printed Name	Parent/ Guardian Signature	Date

Minor Client's Printed Name	Minor Client's Signature	Date

Amber Kuntz, LPCS or Associate Printed Name	Amber Kuntz, LPCS, or Associate Signature	Date