



Mindful Beginnings of Lake Norman

A Counseling and Play Therapy Practice

17105 Kenton Drive Suite 207C

Cornelius, NC 28031

Intake Information

Last Name First Name Middle Initial Nickname

Client: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Guardian(s) (if applicable): \_\_\_\_\_

Legal Guardian Address(es): \_\_\_\_\_

Currently Living With: \_\_\_\_\_

Custody Agreement?: (if applicable) \_\_ Yes \_\_ No

If yes, please briefly describe: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Information

Employment Status: \_\_ Full-Time \_\_ Part-Time \_\_ Unemployed \_\_ Receiving SSI \_\_ Disability

Employer(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

### Education Information

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Ever Retained?:  Yes  No      IEP:  Yes  No      504 Plan:  Yes  No

If yes, please briefly explain:

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

### Alternate Providers

Currently or previously involved in other counseling or mental health services?  Yes  No

If yes, do you give permission for provider to contact alternative provider(s)?  Yes  No

Please initial giving consent to coordinate with the provider(s) listed below: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Currently working with provider?  Yes  No

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Currently working with provider?  Yes  No

Referral Source: (please circle) BCBS      AETNA      EAP PROGRAM      WEB SEARCH

PSYCHOLOGY TODAY      OTHER: \_\_\_\_\_