



Minor Initial Intake - Personal Confidential Information
Forms may be completed via the following methods:



1. print, complete, submit a physical copy
2. print, complete, scan as pdf and email to office@clmraleigh.org
3. complete via our HIPAA compliant e-signature servicer

All forms are to be received by our office for processing 24 hours before your initial appointment. Please type or print legibly.
This form is to be completed by the minor age 12-17 or by a parent if the minor is under age 12.

				Date of Initial Visit:			
Last Name:				First Name:			
DOB:							
Mailing Address:							
City, State, Zip							
						Phone:	
						Grade:	
Your Employer: (if applicable)							
Email:							
Father's Name:				Father's Phone:			
Mother's Name:				Mother's Phone:			
Present Health: Describe							
Current Medications: Name and dosage							
Do you smoke?				Have you, or are you using illegal drugs?		Do you drink alcohol?	
Are you saved? If so, when?							
Church Affiliation? (What church do you attend?)							
Why are you coming for counseling today?							