

Linda Navelski Taillon, LCPC, LCMHC, RPT-S
Maine Counseling & Consultation LLC
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York, Maine 03909
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Client Intake Information

CLIENT'S NAME _____

PARENTS' NAME _____ Email _____

CHILD'S DATE OF BIRTH ___ / ___ / ___ S.S. # _____

ADDRESS _____

MAILING ADDRESS _____

TELEPHONE: HOME _____ WORK _____ CELL _____

MOTHER'S NAME _____ DATE OF BIRTH _____

MOTHER'S OCCUPATION _____ EMPLOYER _____

EMPLOYER'S ADDRESS _____

FATHER'S NAME _____ DATE OF BIRTH _____

FATHER'S OCCUPATION _____ EMPLOYER _____

CHILD'S PHYSICIAN _____ LAST PHYSICAL EXAM _____

PHYSICIAN'S ADDRESS _____

CURRENT MEDICAL PROBLEMS _____

PAST MEDICAL PROBLEMS/HOSPITALIZATIONS _____

CURRENT MEDICATIONS _____

HAS YOUR CHILD BEEN IN THERAPY? ___ IF YES, GIVE NAME(S) OF THERAPIST(S) _____

REFERRED BY _____

IN CASE OF EMERGENCY CALL _____ TELEPHONE _____

INSURANCE INFORMATION

Subscriber's Name _____ Insurance Company _____

Subscriber's SS# _____ Subscriber's Date of Birth _____

Insurance Address _____

CERTIFICATE or I.D.# _____ GROUP # _____

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1. I authorize use of this form on all my insurance submissions.
 2. I authorize the release of information to my insurance company
 3. I authorize direct payment to Linda F. Navelski, LCPC, RPT-S for the services provided.
 4. I permit a copy of this to be used in place of an original.

Print Name

Signature

Date