



Therapeutic Specialties of NC, PLLC

704 South Garnett Street, Henderson, NC 27536

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Child Initial Intake Information

TODAY'S DATE: _____

Client Name: _____

School: _____ Grade: _____

Gender: _____ Race: _____

DOB: _____ Age: _____

Address: _____

Teachers: _____

City: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Referral and Insurance Information

Primary Care Physician: _____

Who referred you to our office?: _____

Insurance Company : _____

Member ID# _____ Group#: _____

Policy Holder Name: _____

Parent/Guardian Information

Name: _____ Relation: _____

Name: _____ Relation: _____

DOB: _____ Age: _____

DOB: _____ Age: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

ALTERNATE PHONE YOU CAN BE REACHED AT OR A MESSAGE CAN BE LEFT FOR YOU: _____

Other People Living in the Home

<u>Name</u>	<u>Relationship</u>	<u>DOB/Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____