



Glenview Counseling Group, LLC
 3633 W. Lake Ave.
 Suite 105
 Glenview, IL 60026
 (847)699-2490

Client Intake Form

Client demographic information:

Client's Name: _____ Date of Birth: _____ Age: _____ Sex: M / F

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

May We Leave a Voice Message at the above numbers? Y / N SSN: _____

Emergency contact information:

Name: _____ Relationship to Client _____

Phone: _____ May We Leave a Message? Y / N

If the client is a minor please complete the next section:

Parent / Legal Guardian: _____ Date of Birth: _____

Employer: _____ Work Phone: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Insurance information:

Insurance Company: _____ HMO PPO EAP Other: _____

Policy #: _____ Group #: _____

Subscriber Name: _____ Relationship to Client: _____

SSN: _____ Date of Birth: _____ Employer: _____

Person Responsible for Bill:

The client (age 18 and older) or parent/guardian signing intake form for a minor client is responsible for all bills.

 Client's signature (age 12 and older)

 Date

 Parent/guardian of minor OR of legally disabled recipient

 Date

 Witness signature

 Date