



# Get Started with Counseling for Minors

Please return this form to our office.

Email and scan to: mbbautpar@aol.com or mail/fax as listed below

To obtain information or request counseling services, please complete the Request for Counseling Service form and submit it to our office. This allows our clinical staff to gather important information about your situation so we can efficiently answer your questions.

Upon receipt of your form, we will contact you to schedule a free consultation to further discuss our services and program philosophy.

## Reason(s) for filling out our Request for Counseling Services Form:

- General Information
- Individual Treatment
- Parent Support
- Sibling Support
- Couples Treatment
- Other

## General Information

Client's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_

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

Describe the client (e.g., areas of need, strengths):

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## If client is a minor

Parent's full name: \_\_\_\_\_

Parent's Home Number: \_\_\_\_\_

Parent's Cell: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Second Parent's full name: \_\_\_\_\_

Second Parent's Home Number: \_\_\_\_\_

Second Parent's Cell: \_\_\_\_\_

Second Parent's Email: \_\_\_\_\_

If not parent relationship to client: \_\_\_\_\_



Contact Number: \_\_\_\_\_

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

**Does the client attend school?**

School Name: \_\_\_\_\_

Type of Classroom: \_\_\_\_\_

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

School Start and Stop Time: \_\_\_\_\_

**If adult client has a representative**

Name of Representative: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Current living situation (e.g., living arrangement, support system, legal custody agreement if a minor, etc.):

\_\_\_\_\_

**Scheduling Information**

What is the client(s) availability for sessions?: **MTWTF**

\_\_\_\_\_

**Additional Information**

What are the goals or expectations for counseling services:

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

What related services have been utilized in the past?:

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

Questions, Concerns or special circumstances?:

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



Autism Partnership is an in-network provider for Anthem Blue Cross. If you wish to utilize your Anthem Blue Cross coverage please provide your insurance information below. We will bill your insurance company directly for services rendered. It is recommended clients contact their insurance provider to identify the specific level of coverage provided as it can differ depending upon the type of plan purchased.

All other clients are considered private pay. If you would like to seek reimbursement from an insurance company other than Anthem Blue Cross, we can we can prepare an insurance ready bill for clients to submit to their provider. In order to prepare this type of SuperBill we need your insurance information and group number. You will be billed directly and will need to follow up with your insurance company regarding coverage information.

If you plan on submitting your bills to your insurance company for reimbursement, please provide your insurance information below. \*

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**How did you hear about counseling services at Autism Partnership?**

- Friend
- Colleague
- Google
- Facebook
- AP Email