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Teen Support Group Intake

Today's Date:

Date of Birth:

Full Name:

Pronouns (If applicable):

Legal Name (for insurance reimbursement):

Address:

Telephone:

Email (you can include yours and your parents email):

Occupation:

Employer:

INSURANCE INFORMATION

Insurance Company:

Subscriber's Name:

Subscriber's Date of Birth:

Subscriber's Address:

Your Insurance ID #:

FAMILY COMPOSITION

Family members:

Who do you live with?

Who is your support system?

What are you hoping to get from participating in the group?

What are topics that you would like to discuss/learn about in group?