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CLIENT INTAKE
 (Group Clinic & Shelter Clients)

Date: _____

Client Name: _____		Age: _____	Date of Birth: _____	Male	Female
Ethnicity: White Asian Black Pacific Islander Hispanic American Indian Other: _____					
Address: _____		City: _____	State: _____	Zip Code: _____	
Contact # _____	Ok to Leave a Message: Yes No		Occupation: _____		
Email Address: (Optional) _____					

List each person living in client's home:

Name: _____	Age: _____	Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____	Name: _____	Age: _____

Emergency Contact: _____	Phone #: _____	Relationship to Client: _____
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Session Fees will be paid by: Client Parent Wraparound Shelter School Other: _____

Contact Name: (If other than Client) _____ **Contact #:** _____

Note: A 24 hour notice of cancellation is required for all scheduled sessions.

If client is a minor, who is consenting to treatment? (Place a in either Parents, Caregiver or Guardian Checkbox by pressing the spacebar or clicking on the checkbox and follow the instructions listed below.)

<p>Parents</p> <p>Parent 1 Name: _____</p> <p>Contact #: _____</p> <p>Ok to leave a message? Yes No</p> <p>Parent 2 Name: _____</p> <p>Contact #: _____</p> <p>Ok to leave a message? Yes No</p> <p>*Parent 1 and/or Parent 2 will complete the Relationship Status Section below.</p>	<p>Caregiver or Qualified Relative</p> <p>Includes: Spouse, Stepparent, Brother, Sister, Stepbrother, Stepsister, Half Brother, HalfSister, Uncle, Aunt, Niece, Nephew, firstcousin, or any person denoted by the prefix denoted by "grand" or "great" or the spouse of any of the persons specified in this definition even after the marriage has been terminated by death or dissolution.</p> <p>Caregiver Name: _____</p> <p>Contact #: _____</p> <p>Ok to leave message? Yes No</p> <p>*Caregiver only will sign and date the Caregiver Signature line below and the Caregiver Authorization Affidavit (items 1-5).</p>	<p>Guardian</p> <p>Includes: Attorney, Social Worker, Foster Parent, Guardian ad litem</p> <p>Guardian Name: _____</p> <p>Contact #: _____</p> <p>Ok to leave message? Yes No</p> <p>*Guardian only will sign and date the Guardian Signature line below and attach a copy of the court order appointing guardianship.</p>
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Relationship Status for Parent 1 and/or Parent 2: <i>Skip this section if completed Caregiver or Guardian sections above.</i> Parent 1 and/or 2 place a <input checked="" type="checkbox"/> in ONE Relationship Status Checkbox by pressing the spacebar or clicking on the checkbox & follow the instructions.	
Married	Either Parent 1 or Parent 2 or Both will sign and date on the Parent 1 and/or 2 Signature line below.
Widowed	Widow or Widower will sign and date on the Parent 1 Signature line below.
Never Married	Did the court issue a Custody Order ? Yes No <i>If No - Either Parent 1 or Parent 2 or Both – Sign/Date on the Parent 1 and/or 2 Signature line below.</i> <i>If Yes - Who has Legal Custody? Joint: Both Parents OR Sole: Parent 1 or Parent 2</i> 1. If Joint, then Both Parents will sign and date on the Parent 1 and Parent 2 Signature line below, unless Custody Order states otherwise. If so, attach copy of Custody Order. <i>If CPS Report/Restraining Order/Incarceration/Out of Country against one Parent, then Other Parent also completes Caregiver Authorization Affidavit (all items & for Item 6 select [2nd choice]).</i> 2. If Sole, then Parent who has Sole Legal Custody will sign and date on Parent 1 or Parent 2 Signature line below & attach a copy of the Custody Order. <i>If parent who has sole legal custody does not have copy of the Custody Order, they can complete Caregiver Authorization Affidavit (all items & for Item 6 select [2nd choice]).</i>
Separated OR Divorced	Did the court issue a Custody Order ? Yes No <i>If No - Both Parent 1 & Parent 2 will sign and date on the Parent 1 and 2 Signature line below. <i>If CPS Report/Restraining Order/Incarceration/Out of Country against one Parent, then Other Parent also completes Caregiver Authorization Affidavit (all items & for Item 6 select [2nd choice]).</i></i> <i>If Yes - Who has Legal Custody? Joint: Both Parents OR Sole: Parent 1 or Parent 2</i> 1. If Joint, then Both Parents will sign and date on the Parent 1 and Parent 2 Signature line below, unless Custody Order states otherwise. Please attach copy of Custody Order. <i>If CPS Report/Restraining Order/Incarceration/Out of Country against one Parent, then Other Parent also completes Caregiver Authorization Affidavit (all items & for Item 6 select [2nd choice]).</i> 2. If Sole, then Parent who has Sole Legal Custody will sign and date on Parent 1 or Parent 2 Signature line below & attaches a copy of the Custody Order. <i>If parent who has sole legal custody does not have copy of the Custody Order, then they can complete Caregiver Authorization Affidavit (all items & for Item 6 select [2nd choice]).</i>

Confidentiality

All information disclosed within sessions is confidential and may not be revealed to anyone without your written permission except where disclosure is allowed/required by law. Disclosure may be required under the following circumstances: Where there is reasonable suspicion of child, dependent or elder abuse; where there is reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself unless protective measures are taken. Disclosure may also be required pursuant to a legal proceeding. Turning Point does not provide legal or custody services i.e. custody letters. Audio/video taping may be used for counselor training, but the client/parent has the right to refuse audio/video taping at any time. All counselors are in training as a Trainee or Associate working towards licensure and are supervised by a Licensed Marriage, Family Therapist or Psychologist. Turning Point Center for Families is a non-profit organization that relies on grant funding for which some of the above information is used. All identifiable information is kept strictly confidential.

Client Signature: _____	Date: _____
I/We, the undersigned parent(s), caregiver or legal guardian, do hereby give my/our consent for the provision of counseling services by Turning Point Center for Families and/or its staff. This authorization shall remain in effect until revoked in writing by the undersigned parent/caregiver/guardian at any time.	
Parent 1 Signature: _____	Date: _____
Parent 2 Signature: _____	Date: _____
Caregiver (Qualified Relative) Signature: _____	Date: _____
Guardian Signature: _____	Date: _____
Therapist Signature: _____	Date: _____

NOTICE TO CLIENTS/PARENTS/CAREGIVERS/GUARDIANS

MFT/PCC Trainee/MSW Intern: The Clinical Director of the Turning Point Center for Families receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor

providing services at Turning Point Center for Families. To file a complaint, contact Sheila Diskin at 714-547-8111 or via email at sheiladiskintpcf@gmail.com.

Registered Associate MFT/PCC/CSW: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (*marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors*). You may contact the board online at www.bbs.ca.gov or by calling (916) 574-7830.