ST. PETER COUNSELING CENTER
(Division of Leo A. Hoffmann Center)
108 Minnesota Avenue, Suite 102
Post Office Box 60
St. Peter, MN 56082
Phone: (507)-484-2400
Fax: (507)-934- 5220

Child Intake/Registration

Date: _____ Name/Title: _____

Agency: _____ Address: _____

Phone #: _____ Fax #: _____

Email: _____

Eligible Child: _____ DOB: _____

Primary Address: _____

Parents/Guardian:

MOTHER		Father	
Name:		Name:	
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
Phone		Phone	
DOB		DOB	
Other significant person:			

Siblings and household members:

Name	Age/DOB	Living in the home?

Emergency contact name and phone: _____

Culture/Ethnicity: _____ Primary Language: _____

Social Security Number: _____ Preferred Name (nickname): _____

Gender: _____ Nation of Origin/Time in US: _____

Interpreter Services: _____

Allergies: _____

Medical Considerations: _____

DSM-5 Diagnosis (if applies):

_____

_____

Case Manager: _____ Phone: _____

Therapist: _____ Phone: _____

Psychiatrist: _____ Clinic: _____

Address: _____ Phone: _____

Insurance Company Name: _____

Insurance Company Phone: _____

Subscriber ID Number: _____ Group Number: _____

Subscriber Name: _____ Subscriber DOB: _____

Subscriber Address: _____

Subscriber Relationship to Child: _____

County Pay: ◯ Yes ◯ No County: _____

Medical Assistance: ◯ Yes ◯ No MA Number: _____

Other agencies or interested parties:

Contact Name	Clinic & Address	Phone
SCHOOL -		

Referral Name and Source: _____ Date: _____

Person completing form: _____

Reason for Referral (fill in text box):

Service Requested (check all that apply):

- ⬭ Diagnostic Assessment
- ⬭ Psychological Assessment
- ⬭ Family Therapy
- ⬭ Individual Therapy
- ⬭ Play Therapy
- ⬭ Psychosexual Assessment
- ⬭ Trauma Focused Assessment/ TF-CBT
- ⬭ Outpatient Sex-specific Treatment
- ⬭ Group Therapy
- ⬭ Other: _____

Please attach the following documents as available:

- ⬭ Recent Social History
- ⬭ Police Reports
- ⬭ School Records (IEP)
- ⬭ Current Diagnostic Assessment
- ⬭ Recent Psychological Assessment
- ⬭ Copy of Court Orders
- ⬭ Any Other Relevant Info.
- ⬭ Releases of Information
- ⬭ Copy of Current Insurance Card (Front & Back)

How did you hear about St. Peter Counseling Center? _____

_____

_____

Additional Information (fill in text box):