Estee Diamond, MS, LMFT
Tel. 818-380-1521
17337 Ventura Bl., Ste. 327 , Encino, CA. 91316 30101 Agoura Court, Ste. 204, Agoura Hills, CA. 91301

Family Intake Form

Date: Referred by:

Child's Name: Age: Date of Birth: Gender: Grade:
Addrsss:

Mother's Name: Date of Birth:
Address (if different than above):
Phone: Home: Cell:

Father's Name: Date of Birth:
Address (if different than above):
Phone: Home: Cell:

Siblings (names & ages):

Insurance Information
ASSIGNMENT AUTHORIZATION & RELEASE: I hereby authorize the release of any medical or other information to my insurance company necessary to process this claim. I hereby authorize payment of medical or other benefits to provider of services identified herein. In the event of a claim made to an insurance company seeking reimbursement of charges referred to herein, I agree to assume responsibility for collection of those charges from the insurance company. A copy of this document is as valid as the original.

Policy holder:
Insurance Company:
Ins. Co. Tel. #:
Mailing Address:
Policy Holder's Signature: Date:
Group #/ Group Name:
Subscriber ID#:
Effective Date of Coverage:

FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT: I hereby authorize treatment of the person(s) named above and agree to pay all fees and charges for such treatment. I understand that all charges are due and payable upon presentation of a statement of those charges, unless credit arrangements are agreed upon in writing. I agree that all charges shown on those statements shall be deemed to be correct and reasonable, unless I make written protest of the charges within thirty days of the billing date. I agree that the charges will be subject to a late charge of 1.5% per month on the unpaid balance. ATTORNEY FEES: It is agreed that in the event that legal action is necessary to enforce the terms of this agreement, the prevailing party shall be entitled to reasonable attorney's fees in addition to any other relief to which he/she might be entitled.

Signature of Responsible Person:_____ Date:

Emergency Contact & #: