



MidAmerica Family Treatment Center, LLC
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LGBTQIA Intake Information Form

Legal Name _____ Preferred Name _____

Pronoun you prefer _____ Biological gender at birth _____

Email Address _____ Cell phone number _____

Client's Date of Birth ___/___/_____

Custodial Parent Name (if minor) _____ (If you are the primary insured, please add your date of birth) _____

Home Address _____ City _____ State _____

Zip Code _____ Home phone _____ Cell Phone _____

Employer _____ Work Phone _____

If insurance is not under the custodial parent's name, please add that person

Name of Insured _____ DOB _____

Home Address _____ City _____ State _____

Zip Code _____ Home phone _____ Cell Phone _____

Employer _____ Work Phone _____

DCN# or insurance provider _____

Presenting Problem _____

When did you first begin to recognize that there was an issue? _____

What have you done to address the issue? _____

What are your current coping skills that you use? _____

Do you believe that your coping skills are effective? _____

Education History

What School do (did) you attend? _____

What was the highest grade level you earned or are earning? _____

Tell me about your family. **Please use their names.**

Mother _____

Father _____

Siblings _____

Extended Family _____

Spouse or significant other _____

Children _____

Medical History

Primary Doctor _____

Address _____ Phone # _____

Last medical exam? _____

Have you experienced any of the following medical problems?

____ Head injury ____ Surgery ____ Seizures/convulsions ____ Asthma

____ High fever ____ Hearing problems ____ Vision problems ____ Allergies

Please list any current medical problems of physical handicaps. _____

Medication History

Current Med.	Dosage	Frequency	Prescribing Dr.	Reason	Compliance

Add any additional information regarding medications here:

Has you ever made statements of wanting to seriously yourself or someone else?
Yes _____ No _____

If yes, please explain _____

Tell me about anything related to being LGBTQIA that would help me help you in your journey
