



ALSO Youth

ADVOCACY · LEADERSHIP · SUPPORT · OUTREACH

Counseling/Therapy Intake Form

ALSO Youth is proud to partner with local mental health providers to offer free counseling for LGBTQ+ youth and their families. To indicate interest in utilizing these services, please complete this form in full (two pages) and either email it to therapy@alsoyouth.org or mail to: ALSO Youth, 2195 Ringling Blvd., Sarasota, FL 34237.

Patient/Client Information

Legal Name: _____

Chosen Name: _____ (if different)

Pronouns: _____

Date of birth: _____ (mm/dd/yyyy)

Email: _____

Phone Number: _____ (XXX) XXX-XXXX

Street Address: _____

City, State: _____

Zip Code: _____

County: _____

Parent/Legal Guardian Information

(only if patient/client is under the age of 18)

Name: _____

Pronouns: _____

Email: _____

Phone Number: _____ (XXX) XXX-XXXX

Street Address: _____

City, State: _____

Zip Code: _____

Emergency Contact Information

Name: _____

Pronouns: _____

Email: _____

Phone Number: _____ (XXX) XXX-XXXX

What name and pronouns should be used with this contact to refer to the patient/client? _____

Availability

Please mark the timeframes in which the patient/client would be available for appointments.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8 AM – 12 PM)	Morning (8 AM – 12 PM)	Morning (8 AM – 12 PM)	Morning (8 AM – 12 PM)	Morning (8 AM – 12 PM)	Morning (8 AM – 12 PM)	Morning (8 AM – 12 PM)
Afternoon (12 PM – 4 PM)	Afternoon (12 PM – 4 PM)	Afternoon (12 PM – 4 PM)	Afternoon (12 PM – 4 PM)	Afternoon (12 PM – 4 PM)	Afternoon (12 PM – 4 PM)	Afternoon (12 PM – 4 PM)
Evening (4 PM – 8 PM)	Evening (4 PM – 8 PM)	Evening (4 PM – 8 PM)	Evening (4 PM – 8 PM)	Evening (4 PM – 8 PM)	Evening (4 PM – 8 PM)	Evening (4 PM – 8 PM)

Please provide a brief description of the issue(s) that have resulted in seeking mental health care assistance with ALSO Youth (e.g. anxiety, depression, familial issues, gender identity support, sexual/romantic orientation support, etc.):

By completing and submitting this form, I affirm I understand the following:

- ALSO Youth is not a crisis center.
- ALSO Youth does not offer in-patient services (mental health services provided within a residential setting).
- Submission of this form does not guarantee acceptance as a client, and that ALSO Youth will determine service availability based on current capacity.
- Family counseling/therapy services are only available in conjunction with individual youth counseling/therapy services.

Signature _____ Date _____

Parent/Legal Guardian Signature
(only if patient/client is under 18) _____ Date _____