

Today's Date: \_\_\_\_\_

## Confidential Child Intake Form

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Living With: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**OTHER CHILDREN:**

| Name  | Age   | School/Grade | Biological or Adopted |
|-------|-------|--------------|-----------------------|
| _____ | _____ | _____        | _____                 |
| _____ | _____ | _____        | _____                 |
| _____ | _____ | _____        | _____                 |

Child's physician's name: \_\_\_\_\_ Date of their last physical: \_\_\_\_\_

Is your child being treated for any medical conditions? Y N If yes, please explain: \_\_\_\_\_

Is your child taking any medications? Y N If yes please list them here: \_\_\_\_\_

Please briefly state why you are currently seeking counseling: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

THANK YOU.

