



Child Intake Form



Today's Date _____

We strive to make each of your child's visits pleasant and comfortable.
Please fill out this form completely in ink.

Child's name _____ Sex _____ Age _____

Nickname _____ Date of Birth _____

School _____ Grade _____

Child's home address _____

City, State, Zip _____ Home/Cell Phone _____

Responsible Party

Name _____ Relationship _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Who is responsible for making appointments? _____

Parent or guardian information

Mother Stepmother Guardian

Name _____

Home phone _____ Work phone _____ Cell phone _____

Employer _____ Occupation _____

Marital status: Single Married Divorced Separated Widowed

Parent or guardian information

Father Stepfather Guardian

Name _____

Home phone _____ Work phone _____ Cell Phone _____

Employer _____ Occupation _____

Marital status: Single Married Divorced Separated Widowed

Referring or Case Manager Information

Name _____

Organization _____

Address _____

City, State, Zip _____

Business Phone Number _____ Fax Phone _____

Email address _____

Best Time to be reached/Hours of Operation _____

Reason for referral _____

Other Relevant Information

