

Today's date: _____

INTAKE INFORMATION: Child

Child's Name _____ Date of Birth _____ Age _____

Mother _____ Father _____

Address _____

Other address _____

Mother's Phone #'s: Home _____ Cell _____ Work _____

Can confidential messages be left at any of these phone numbers?

(Check if yes) Home _____ Cell _____ Work _____

Father's Phone #'s: Home _____ Cell _____ Work _____

Can confidential messages be left at any of these phone numbers?

(Check if yes) Home _____ Cell _____ Work _____

Other children in family: (names/ages) _____

School/Teacher _____

School phone # _____

Emergency contact person (if other than parent)/phone# _____

Do I have your permission to contact this person in an emergency? Yes ____ No ____

Referred by _____