

### INTAKE FORM- CHILD FORM

Please provide the following information.

All information you provide here is protected and will be kept confidential.

Name \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Address Street and Number: \_\_\_\_\_

Address City/State/Zip: \_\_\_\_\_

Mother's Phone: (        ) \_\_\_\_\_ May I leave a message? ☐Yes ☐No

Father's Phone: (        ) \_\_\_\_\_ May I leave a message? ☐Yes ☐No

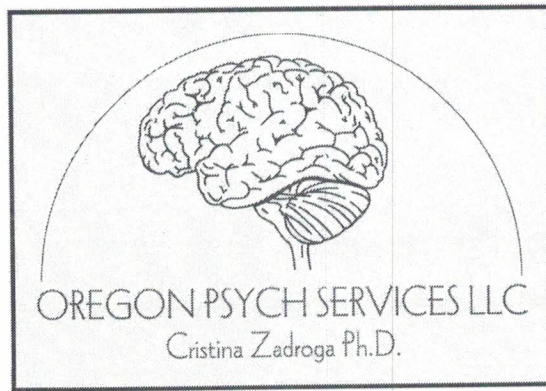
Client Phone: (        ) \_\_\_\_\_ May I leave a message? ☐Yes ☐No

E-mail: \_\_\_\_\_ May I email you? ☐Yes ☐No

Referred by or how did you find me: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Teacher's name: \_\_\_\_\_



Name of siblings (if applicable):

Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_