



## Intake Information

Today's date \_\_\_\_\_

Client's Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Race: \_\_\_\_\_

School (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Mother's Phone: home \_\_\_\_\_ work \_\_\_\_\_ cellular \_\_\_\_\_

Father's Phone: home \_\_\_\_\_ work \_\_\_\_\_ cellular \_\_\_\_\_

Client/Parent employer \_\_\_\_\_ Occupation \_\_\_\_\_

Please list members of the immediate family:

Name	Age	Lives in home?
Mother _____	_____	_____
Father _____	_____	_____
Brother _____	_____	_____
Brother _____	_____	_____
Sister _____	_____	_____
Sister _____	_____	_____

Other significant relatives:

Relationship	Name	Lives in home?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Information:

Primary Care Physician \_\_\_\_\_ Phone no. \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Phone no. \_\_\_\_\_  
(other than parent)

Relationship to client \_\_\_\_\_