



New Client Intake Form – Child/Adolescent

Date _____

Client Name _____

Gender _____ Age _____

Birthdate _____

Parent/Guardian Name: _____

Email Address _____

Preferred Phone No. _____ Ok to leave msg? YES NO

Preferred Method of Communication: Email Phone Text

Home Address _____

City _____ State _____ Zip _____

Are you or anyone in your immediate family adopted? (Please explain) _____

Siblings (Name/Age) _____

School _____ Grade _____

Previous Schools Attended and Years:

Client Referred By...

- Google/Yahoo Search
- Psychology Today
- Personal Reference: _____ May we thank this referral? YES
- Professional/Medical Reference : _____ May we thank this referral? YES

Person to Notify in Emergency _____ Telephone No. _____

Name of Physician _____ Telephone No. _____

Describe what brought you and your child to counseling. _____

Have you or your child been to counseling before? Yes No

If yes, please describe when, duration, and what was helpful and/or unhelpful about previous counseling.

Please list any medications your child takes, including dosage and reason for taking.
