Date _____

Child/Adolescent Intake Form

Child's Name _____
(First) (Middle) (Last)

Age _____ DOB _____ Grade _____

School _____ School Phone # _____

School Address _____ Teacher _____

Child's Insurance _____

Father _____ DOB _____
(First) (Middle) (Last)

Address _____

Home Phone # _____ Work Phone # _____

Place of Employment _____

Does father carry insurance on this child? _____ Type _____

Mother _____ DOB _____
(First) (Middle) (Last)

Address _____

Home Phone # _____ Work Phone # _____

Place of Employment _____

Does mother carry insurance on this child? _____ Type _____

Siblings

First Name	Last Name	Age	DOB
1.			

2.			
3.			
4.			
5.			
6.			