

DX CODE: _____
INTAKE DATE: _____
(OFFICE USE ONLY)

Child Intake Form

Please provide the following information and answer all questions below. Please note: information you provide here is protected as confidential information.

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

Name of parent/guardian: _____
(Last) (First) (Middle Initial)

Birthdate: _____ / _____ / _____ **Age:** _____ **Gender** Male Female

Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: () _____ **May we leave a message?** Yes No

Cell/Other () _____ **May we leave a message?** Yes No

E-mail: _____ **May we e-mail you?** Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): _____