



Confidential Child Intake Form

Today's Date: _____

Form with columns for Child's Name, Mother's Name, and Father's Name, each with fields for Date of Birth, Address, City, ZIP, Employed by, Home Phone, Cell Phone, Work Phone, Email, and Social Security #.

Religious Affiliation: _____ Marital Status: Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____ Living Together: _____

OTHER CHILDREN:

Table with columns: NAME, AGE, SCHOOL/GRADE, BIOLOGICAL OR ADOPTED

Name of anyone else living in the home: _____

Child's physician's name: _____ Date of their last physical: _____

Is your child currently being treated for any medical conditions? Y N If yes, please explain: _____

Is your child currently taking any medications? Y N If yes, please list: _____

Please list your child's allergies: _____

Has your child received previous counseling? Y N If yes, by whom? _____ Date/Year? _____

Please briefly state why your child is currently seeking counseling: _____

*Referred By: _____ Address: _____

*I would like to send a note of appreciation to the person who referred you for supporting our ministry . Please sign below for your permission.

Name: _____

Date: _____