

# Client Intake Information

## Child & Adolescent

Date \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Language

Client Social Security # \_\_\_\_\_ of Choice:  English  Other \_\_\_\_\_

Ethnicity:  Caucasian  African American  Asian-American  Bi-Racial  
 Latino/Hispanic  Native American  Pacific Islander  Other

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Primary Insurance Member's Name \_\_\_\_\_ ID # \_\_\_\_\_ Group No. \_\_\_\_\_

Insurance Holder's SS# \_\_\_\_\_ Insurance Holder's DOB \_\_\_\_\_

Secondary Insurance Member's Name \_\_\_\_\_ ID # \_\_\_\_\_ Group No. \_\_\_\_\_

Insurance Holder's SS# \_\_\_\_\_ Insurance Holder's DOB \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Name

Address

City

Phone

Medical History (Past - Present - Medications - Hospitalizations) \_\_\_\_\_

Previous Psychological Treatment (With Whom - When - Where - Duration) \_\_\_\_\_

Household Income:  \$0-25,000  \$25-50,000  \$50,000+

Religious Affiliation \_\_\_\_\_

Living With \_\_\_\_\_

Mother \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Step Parents (If Appropriate) \_\_\_\_\_

Other Adults in the Home \_\_\_\_\_

Brothers & Sisters (Name & Ages - In the Home & Out of the Home) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Name

Phone

Address

Pager - Cell Phone