



SHARON COUNSELING CENTER

CHILD INTAKE FORM

INTAKE DATE _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

CHILD'S NAME _____ PREFER TO BE CALLED _____

ADDRESS _____ TOWN _____

STATE _____ ZIP _____ SOCIAL SEC. # _____

BIRTHDATE _____ AGE _____ SEX _____

ADOPTION _____ DATE OF ADOPTION _____

DYFS INVOLVED? YES/NO IF SO WHY? _____

SCHOOL INFORMATION

SCHOOL _____ PHONE _____

GRADE _____ TEACHER _____

LEARNING DISABILITY _____

SOCIAL ISSUES _____

ETHNICITY _____ RELIGIOUS BACKGROUND _____

CHURCH AFFILIATION _____

FAMILY PHYSICIAN _____ PHONE _____

DATE OF LAST PHYSICAL EXAM _____

HEALTH PROBLEMS _____

CURRENT MEDICATIONS _____

PARENT INFORMATION

MOTHER NAME _____ AGE _____

ADDRESS(IF DIFFERENT) _____

OCCUPATION _____ PLACE OF WORK _____

ETHNICITY _____ RELIGIOUS BACKGROUND _____

FATHER NAME _____ AGE _____

ADDRESS(IF DIFFERENT) _____

OCCUPATION _____ PLACE OF WORK _____

INSURANCE INFORMATON

MEDICAL
INSURANCE _____ POLICYHOLDER _____

POLICY # _____ PHONE# _____

ANY PREVIOUS COUNSELING IN THE PAST _____ WHERE _____

WHEN _____ WAS IT POSITIVE OR NEGATIVE EXPERIENCE _____

HOW DID YOU HEAR ABOUT ME _____

WHAT ARE YOUR REASONS FOR SEEKING COUNSELING AT THIS TIME?

REVISED (2015)