



Confidential Client Intake Form: Minor

General Information

Name: _____ Date: _____

Sex: M F Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade: _____

Mother's Name: _____ ___ Biological ___ Step-mother ___ Adopted

Email Address: _____ Phone #: _____

Father's Name: _____ ___ Biological ___ Step-father ___ Adopted

Email Address: _____ Phone #: _____

The child resides with: _____

In Case of Emergency Please Contact: _____ Phone #: _____

Relationship to Child: _____

Family Church Affiliation: _____

Please list your brothers and sisters, including step, adopted and foster:

Name	Sex	Age/Year of death	Relationship to you	Describe him/her

Counseling History

If you have had any previous counseling, please list the name of the therapists and/or programs:

Name of Therapist/Program	Issues Addressed	Dates in Treatment

Medical History

List any physical illnesses or conditions present or past:
