



500 Morris Avenue
Suite 313
Springfield, NJ 07081
973-761-3932

Child Intake Form

1. Name Of Child _____ Today's Date _____

2. Child's Date of Birth: _____

3. Age: _____

4. Name of School _____ Grade in School _____

5. Home Address: _____

6. Home Telephone Number: _____

7. OK to Leave Messages At The Number Above? Yes _____ No _____

8. Parent Name: _____ Relationship _____

9. Parent Name: _____ Relationship _____

10. Parent's Cell Phone Number: _____

11. Parent's Email Address: _____

12. Emergency Contact (Name/ Relationship to You/ Phone Number):

13. Current Reason(s) for Seeking Treatment for Child:

15. History of Therapy (Dates/Reason for Treatment):

