

## Child Intake form

### Identifying information

**Child Name:** \_\_\_\_\_ **Date of intake:** \_\_\_\_\_

Gender: M/ F/Trans/Nonconforming Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

School/Grade: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Religious/Spiritual Affiliation: \_\_\_\_\_

Lives with: \_\_\_\_\_

**Emergency Contact Name and Number:** \_\_\_\_\_

**Parent 1 Name:** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent status: Bio/ Foster /Adoptive/Other \_\_\_\_\_

Custody Status: Shared/ Full / Joint / None. If Shared, how? \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent status: Bio/ Foster /Adoptive/Other \_\_\_\_\_

Custody Status: Shared/ Full / Joint / None. If Shared, how? \_\_\_\_\_

**Relationship between parents:** Married / Divorced/ Separated/ Other \_\_\_\_\_

### Health Information

Rate child's physical health: \_\_\_Excellent \_\_\_Good \_\_\_Average \_\_\_Declining

Date/Month last medical exam: \_\_\_\_/\_\_\_\_

Primary Care Physician & Phone \_\_\_\_\_

Child Allergies & Current Medication? Y/ N If yes What: \_\_\_\_\_

