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INTAKE FORM
(Child)

Today's Date_____

Information about Child:

Name_____ Sex: ❑ Male ❑ Female DOB_____
Age_____Social Security#_____
Address_____City_____ State_____ Zip Code_____
Height _____Weight _____
Home telephone_____
Emergency contact_____ Relationship_____Telephone_____
School_____ Grade____ Teacher's Name_____Telephone_____

Information about Mother:

Name_____ DOB_____ Age___ SS#_____
Address:_____City_____ State_____ Zip Code_____
Home telephone_____ Work Phone_____ Cell Phone_____
Years of School Completed__ Place of Employment_____
Type of Work_____ E-mail address_____
Marital Status_____ Number of Marriages__ Religion_____

Information about Father:

Name_____ DOB_____ Age___ SS#_____
Address:_____City_____ State_____ Zip Code_____
Home telephone_____ Work Phone_____ Cell Phone_____
Years of School Completed__ Place of Employment_____
Type of Work_____ E-mail address_____
Marital Status_____ Number of Marriages__ Religion_____
If Divorced with joint legal custody, Consent from both parents is needed
OTHERS IN THE HOME:

Name	**DOB**	**Age**	**Relationship**
_____	_____	_____	_____
_____	_____	_____	_____

Even though we will ask to make a copy of your insurance card, we would appreciate if you would fill in the following information:

PRIMARY INSURANCE COMPANY

Name of Insurance Company_____ Policy#_____ Group#_____

Authorization or Referral Number_____

Name of Insured Person_____ DOB _____ Social Security#_____

Address, Phone Numbers and Place of Employment for Insured (if different from first page):

Address:_____City_____ State_____ Zip Code_____

Home telephone_____ Cell Phone_____

Place of Employment_____ Work Phone_____

SECONDARY INSURANCE COMPANY

Name of Insurance Company_____ Policy#_____ Group#_____

Authorization or Referral Number_____

Name of Insured Person_____ DOB _____ Social Security#_____

Address, Phone Numbers and Place of Employment for Insured (if different from first page):

Address:_____City_____ State_____ Zip Code_____

Home telephone_____ Cell Phone_____

Place of Employment_____ Work Phone_____