

Intake Form

Date: _____

Client Name: _____ Date of Birth: _____

Address: _____

Phone I can use to contact you: _____ Best times _____ home work cell

Ok to leave message? Yes No Only "Please call Patricia Robinson at (925) 915-0924"

Doctor: Name _____ Phone: _____

Are you currently taking any medications? No Yes Please list, including prescription, over the counter, and natural/alternative remedies: _____

Do you have any medical or mental conditions or illnesses?: No Yes Please list: _____

Relative or person to contact in an emergency: Name: _____

Address: _____ Phone: _____

Relationship to client: _____

If client is a child:

This form was filled out by: _____

Child's school: _____ Grade: _____

Does child have an IEP, 504, or other special educational plan?: _____

Child lives with: Mom Dad Both

Parents are: Married Divorced Separated Never Married

Who has custody of the child? Mom Dad Both

Mother's Name: _____

Address: _____ Phone _____

Father's Name: _____

Address: _____ Phone _____