

INTAKE FORM FOR SERVICES OTHER THAN COUNSELING

Name: _____ Relationship to Child(ren) _____

Birth date: _____ Age: _____

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

Contact Phone #: _____ Email: _____

Employer's Name: _____ Work Phone: _____

Level of Education: _____ High School _____ Assoc. _____ Bachelors _____ Masters _____ Above

If applicable:

Marital Status: _____ Length of Marriage: _____ Length of Separation: _____

Date of Divorce: _____ Number of Marriages: _____ Number of Divorces: _____

Custody Arrangements: Sole: _____ Joint: _____ Legal: _____ Physical: _____

Children's Living Arrangements with Father: _____

Children's Living Arrangements with Mother: _____

Children's Summer Schedule: _____

Other: _____

Other Adults Living in your home: _____

Children/Stepchildren:

Name	Age	Grade/School	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attorney: _____ Phone/Fax: _____

Guardian Ad Litem: _____ Phone/Fax: _____

Presiding Judge: _____ County: _____

Referred by: _____

Concerns Unique to Your Family: _____

List of Current Medication: Self and Children: _____
