ACTSolutions

1000 Texan Trail, Suite 205 Grapevine Tx 76051 817.328.0888 Fax 817.310.0746

CHILD/ADOLESCENT INTAKE

Child/Adolescent's name: _________________________ Age: _____ DOB: _______
School: __________________________ Grade: _________________
Teacher: _____________________________ Counselor: ________________________

Parent(s): ____
Home phone: ________________ Work phone: ______________________
Address: ____
Street Apt. # City/State/Zip

If parents are divorced, please list non-custodial or joint-custody parent:____________________________________ Home phone: ________________
Work phone: ______________ Address: _____________________________________
Stepparent: ____

Years divorced: ______________ date of divorce: ____________________________
Age of child at divorce: ____________
Please list siblings (Clarify if living in home by 'IN' beside name):
______________________________ Age: ______ DOB: ________ Gender: ________
______________________________ Age: ______ DOB: ________ Gender: ________
______________________________ Age: ______ DOB: ________ Gender: ________
______________________________ Age: ______ DOB: ________ Gender: ________

Please list step-siblings (Clarify if living in home by 'IN' beside name):
______________________________ Age: ______ DOB: ________ Gender: ________
______________________________ Age: ______ DOB: ________ Gender: ________
______________________________ Age: ______ DOB: ________ Gender: ________

Reason for seeking therapy for your child/adolescent:

I acknowledge that I, ________________________, am legal guardian of ________________________. This is to certify that I give permission to Deborah M. Wade, MA, LMFT, LPC, of ACTSolutions to provide counseling to my child/adolescent. Treatment may include any of the following: play therapy, individual therapy and/or family therapy. I understand that it is my legal right to gain access to my child/adolescent's records. I also realize that at times the nature and content of such services may need to remain confidential.

____ ________________________