

Scott Wood, Licensed Marriage and Family Therapist (81808)
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Child/Minor Intake Information

Minor's name (last, first) _____

Racial Identification _____

Sex (M/F) _____ Age _____ Date of Birth _____

Grade _____ Name of School _____

Address _____

Home Phone _____ Other Phone (specify) _____

Can messages be left on answering machines? (Y/N please specify) _____

Mother's name (last, first) _____

Racial Identification _____

Age _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____

Other Phone (specify) _____ Fax _____

Can messages be left on answering machines? (Y/N please specify) _____

Employer _____ position _____

Father's name (last, first) _____

Racial Identification _____

Age _____ Date of Birth _____

Address _____

Home phone _____ Work Phone _____

Other phone (specify) _____ Fax _____

Can messages be left on answering machines? (Y/N please specify) _____

Employer _____ position _____

Minor lives with: (check all that apply)

Biological mother Biological father Siblings Step parent

Step siblings Adoptive mother Adoptive father

Foster family Grandparent(s) Aunt/Uncle

Other (please specify) _____

Name and ages of siblings (please * the siblings that live in the same household as the minor) _____

Do parents of the minor live together? Are the parents married?

Separated? Divorced?

If apart, indicate how many months parents have been separated. _____

Indicate status of custody _____

Is time divided between home settings? (if so, explain) _____

Are both parents aware minor has been brought in for counseling? (Y/N) _____

Primary language in home _____ Secondary _____

Church Affiliation (if applicable) _____

Please briefly describe the presenting problem: _____

Has the minor or family been involved in previous counseling? Where? _____

Name of referring party _____

May we thank them for referring you? (Y/N) _____

Person to notify in case of emergency:

Name _____ Phone _____

Address _____ Relationship to Minor _____

Date _____ Parent Signature _____