

Russell E. Hendlin, LMFT
P. O. Box 189
San Geronimo, CA 94963
rusty@hendlin.org
415 233-0788

CHILD INTAKE FORM

Date _____

Family Information

	Name	DOB	Contact: (* preferred)
Child			Home: Cell: Email:
Mother			Home: Work: Cell: Email:
Father			Home: Work: Cell: Email:
Sibling			Cell:
Sibling			Cell:

Parents: ____ Married ____ Unmarried ____ Live together ____ Live Separately

Family Address (s)

Street City Zip

Street City Zip

Who referred you? _____

Prior Therapy? _____

Medical Concerns:

Current physical, developmental or academic challenges for the child:

Current emotional/relationship challenges for child:

Primary concerns of parents, intention in coming for sessions:

Person Completing form: _____

Relationship to client: _____