

# Jennifer Haney, L.C.S.W.

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Child, Adolescent & Family Counseling  
LCS 28329

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## CHILD/ADOLESCENT INTAKE INFORMATION

Child/Adolescent Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street or PO Box City State Zip Code

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Counselor: \_\_\_\_\_ Referred By: \_\_\_\_\_

### **PARENTS:**

#### **Mother:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Child: Biological \_\_\_\_\_ Step \_\_\_\_\_ Adoptive \_\_\_\_\_ Foster \_\_\_\_\_ Other \_\_\_\_\_

Relationship Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Committed Relationship \_\_\_\_\_ Never Married \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Father:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Child: Biological \_\_\_\_\_ Step \_\_\_\_\_ Adoptive \_\_\_\_\_ Foster \_\_\_\_\_ Other \_\_\_\_\_

Relationship Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Committed Relationship \_\_\_\_\_ Never Married \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Caregiver (if applicable):**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Child: Biological \_\_\_\_\_ Step \_\_\_\_\_ Adoptive \_\_\_\_\_ Foster \_\_\_\_\_ Other \_\_\_\_\_

Relationship Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Committed Relationship \_\_\_\_\_ Never Married \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

**Others in Household:**

Name	Relation to Client	Age	At Home? (Y/N)

**OTHER MEDICAL PERSONNEL OR AGENCIES CURRENTLY WORKING WITH FAMILY:**

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Care Provided: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Care Provided: \_\_\_\_\_

In case of emergency, whom may we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Presenting Problem(s):**

Briefly describe why you are here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_