



INTAKE FORM

TO BE COMPLETED FOR NEW CLIENTS

Client Information

Name of Client:

Date of Birth (MM/DD/YYYY):

Diagnosis:

Clinician/Therapist:

Parent Concerns:

Parent Information

Name of Mother or Guardian:

Address:

Home Phone:

Cell Phone:

Email Address:

Name of Father or Guardian:

Address (if different from above):

Home Phone:

Cell Phone:

Email Address:

Payment Information

Cash **Check** Amount: \$

Check Number:

the **Learning Fountain**

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