



Child and Family Counseling Group, Inc.

3880 S. Bascom Ave., Ste. 115 San Jose, CA 95124

Phone: (408)351-1044 | Fax: (408)796-7477

Child Intake Form

Child's name:	Sibling(s) & Date of birth:
Date of birth & Age:	Sibling(s) & Date of birth:
Street address:	
City, State, Zip:	Home phone:
Child's school/Grade level:	Names of teacher(s):

Parents/Guardians

Name & relationship to child:	Career/Degree:
Address or same as child:	Religion/Cultural background:
Email:	May we email our newsletter? Yes No
Best phone number during the daytime: Home/Cell/Work	Alternate phone: Home/cell/work

Name & relationship:	Career/Degree:
Address or same as child:	Religion/Cultural background:
Email:	May we email our newsletter? Yes No
Best phone number during the daytime: Home/Cell/Work	Alternate phone: Home/cell/work

Emergency Contact *(If we are unable to reach you/your spouse, who should we call in an emergency?)*

Name, relationship & phone number:

Referral Source *(Who recommended us?)*

Name:	May we thank them for the referral using your name? Yes No
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I have read and agree to the office policies, and request psychotherapy for my child and family.

Parent Signature *(Both parents must sign consent.)*

Date

Parent Signature *(Both parents must sign consent.)*

Date

For office use only:

Therapist: _____

Updated: Jan20/2020