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Intake Questionnaire

Child's Name: _____ Date Completed: _____

Birthdate: _____ Age: _____ Sex: _____

Parent Information:

Name

Name

Home Address

Home Address

City, State, Zip

City, State, Zip

Home Phone Number

Home Phone Number

Work or Cell Phone Number

Work or Cell Phone Number

What is your main concern about your child? _____

Please list all family members.

Name	Relationship to child	Age	Sex	Living in home?
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If there are any other people living in your home, please list them.
