

Kathleen Choe

Licensed Professional Counselor – Supervisor

Certified Equine Assisted Psychotherapist

Intake Form: Child

Child's Name: _____ **Date of Birth:** _____

Child's Age: _____ **Grade:** _____

Home Address: _____
Street City Zip

Home Phone: _____

Parents' Marital Status: (circle) **Married** **Separated** **Divorced** **Single**

Mother's Name: _____ **Cell Phone:** _____

Mother's e-mail: _____

Father's Name: _____ **Cell Phone:** _____

Father's e-mail: _____

Reason for appointment:

Previous Counseling/Hospitalizations:

List any current medications child is taking:

All statements made by a child to the counselor are confidential and will not be disclosed to the parents unless there is a threat of harm to the child, which must be reported by law to the appropriate authorities.

Signature of Parent/Guardian

Date