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ASSESSMENT AND COUNSELING

FOR ALL AGES AND PROBLEMS

ALL UNDER ONE ROOF

## Child/Teen Intake Form

*This form is to be completed by a parent*

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

School Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

<b>Phone number(s):</b>	<b>Email(s):</b>

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

<b>Phone number(s):</b>	<b>Email(s):</b>

Are parents together? If no, what is the custody agreement?  
 \_\_\_\_\_

Who is your family physician?  
 \_\_\_\_\_

How did you hear about us?  
 \_\_\_\_\_

Briefly describe your reason for consultation:  
 \_\_\_\_\_

Is your child currently receiving treatment or taking medication?  
 \_\_\_\_\_

Please describe your child's skills in these areas:

Reading:

Writing:

Math:

Behavior:

Concentration/Attention:

Social Skills:

Motor Skills:

Mood:

Are there any other areas of concerns?

Please list all schools your child has attended since kindergarten, and the grades attended at each:

School Name	Grade(s) Attended

Please list the names of all people residing with your child:

Name	Age	Relation to child

Is there any other information which would be useful to the psychologist?

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**Please Note: Our office requires 24 hours of notice for cancellations or rescheduling of appointments. Failure to provide adequate notice will result in a \$115 charge.**