

Kathleen Choe

Licensed Professional Counselor
4131 Spicewood Springs Road A-5
Austin, Texas 78759

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**

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

Mother's e-mail: _____

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

Father's e-mail: _____

Reason for appointment: _____

Previous Counseling (when, with whom, why?) _____

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