

Client Intake Form

Full
Name

Date

Address

Phone

Emergency contact

Emergency contact phone

** Preferred method of contact: ☐ Phone ☐ Email ☐ SMS

Service Required

Preferred days / times for meetings or service delivery:

Additional Notes- Please provide any additional information or special requirements:

Acknowledgement

By signing below, I confirm that the information provided is true and complete to the best of my knowledge.

Client Signature _____

Parental Consent Statement

I, _____ the parent/legal guardian of the
child named above, give my consent for them to engage in services provided

by _____.

I understand the nature of these services and acknowledge that all reasonable steps will be taken to ensure privacy, safety, and respect throughout the process.

Parent/Guardian Signature: _____

Relationship to child. _____

Date: _____

