

**SANTORO PSYCHOLOGICAL SERVICES  
CHILD CASE INTAKE**

**CONFIDENTIAL**

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher or Counselor: \_\_\_\_\_

Referred By: \_\_\_\_\_

Family Physician: \_\_\_\_\_

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

Mother's Address: \_\_\_\_\_

Mother's Phone: H- \_\_\_\_\_ W- \_\_\_\_\_ C- \_\_\_\_\_

Mother's Email: \_\_\_\_\_

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

Father's Address: \_\_\_\_\_

Father's Phone: H- \_\_\_\_\_ W- \_\_\_\_\_ C- \_\_\_\_\_

Father's Email: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Family Members:

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Briefly describe the reason for today's visit: \_\_\_\_\_

How long have you been aware of the problem? \_\_\_\_\_

Has any member of your family ever been seen by a psychiatrist, psychologist, or other counselor? If so, when and for what reason? \_\_\_\_\_

Whom may we contact in case of an emergency? \_\_\_\_\_