

# Center for Anxiety & Social Intervention

Evidence-based psychotherapy and assessment  
for children, teens, and families

## CLIENT INTAKE FORM

<b>Name</b> ( <i>Last, First, M.I.</i> ):		<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Best Phone Number to leave a message about client?</b>		
<b>How did you hear about us?</b>			

### MOTHER'S INFORMATION (OR PRIMARY GUARDIAN)

<b>Name</b> ( <i>Last, First, M.I.</i> ):		<b>DOB:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>		
<b>Employer's Name, Address, and Work Phone</b>			

### FATHER'S INFORMATION (OR ADDITIONAL GUARDIAN)

<b>Name</b> ( <i>Last, First, M.I.</i> ):		<b>DOB:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>		
<b>Employer's Name, Address, and Work Phone</b>			