

# ENCOURAGEMENT *Christian Counseling & Coaching*

Beverly J. Miller, LMHC, NCC, Executive Director

4610 Bluebird Road, Canandaigua, New York 14424

585-396-0590 voice 585-393-9477 fax

www.EncouragementCCC.com DrBeverly@EncouragementCCC.com

*Anxious hearts are very heavy but a word of encouragement does wonders!* Proverbs 12:25 The Living Bible

---

## INTAKE FORM FOR CHILDREN

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

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

Birth date: \_\_\_\_\_

Sex: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_

Parent's or Guardian's work phone number: \_\_\_\_\_

Who lives with the child in his/her home? Please give names and ages of siblings. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents' status: \_\_\_unmarried \_\_\_married \_\_\_widowed \_\_\_divorced

Father's name: \_\_\_\_\_

education: \_\_\_\_\_

occupation: \_\_\_\_\_

place of birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_

education: \_\_\_\_\_

occupation: \_\_\_\_\_

place of birth: \_\_\_\_\_

Does the child have any current health problems? Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medications, amount, reason for taking, and prescribing doctor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For what reason (s) have you brought the child for counseling/coaching? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope will be accomplished through counseling/coaching? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_