

JESSICA LANG, LMFT

Initial Intake

Client Name: _____

Parent(s)/Caregiver(s) Name(s): _____

Date of Birth for child: _____

Date of Birth of parent(s)/Caregivers: _____

Today's Date: _____

Address: _____

Phone: _____

Email(s): _____

Child's School: _____

Child's current Grade: _____

Occupation: _____

Insurance: _____

Insurance number: _____

What brings you in?: _____

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What are you looking to get out of therapy:
