Agoura Hills Counseling
Danielle Ciccone, Licensed Professional Clinical Counselor #4677
30101 Agoura Court, Suite 204
Agoura Hills, CA 91301
Mobile: (714) 757-6741
Email: agourahillscounseling@gmail.com
www.agourahillscounseling.com

Intake Form for Outpatient Psychotherapy Treatment (Child or Adolescent)

Client Name: _____

Age: ____ Date of Birth: _____

Mother's Name: _____

Father's Name: _____

Marital Status of Client's Parents: _____

Emergency Contact:
Name: _____

Relationship to Client: _____

Phone Number: _____

Current Grade Level: ____

Name of School Currently Attending: _____

Name, gender, age of client's siblings:

_____

_____

_____

_____

Describe the issues or problems in the child or adolescent's life that brings him or her to therapy:

_____

_____

_____

_____

_____

Describe the goals for therapy:

_____

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