

Intake Form

*Please provide the following information and answer the questions below.
Please note: information you provide here is protected as confidential information.*

Please fill out this form and bring it to your first session.

Name: _____
(Last) (First)

Marital Status: _____ (Married, Divorced, Single)

Please list children/age: _____

Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: (_____) _____ May we leave a message? Y/N

Cell/Other Phone: (_____) _____ May we leave a message? Y/N

E-Mail: _____ May we email you? Y/N

*Please note: Email correspondence is not considered to be a confidential mode of communication.

Referred by (if any): _____

Additional Information:

1. What do you consider to be some of your strengths?

2. What are some of your parenting goals?

Parenting advice provided by Professional Parenting Solutions is not a substitute for counseling, therapy, or medical advice.

Signature

Date