



CONFIDENTIAL INTAKE FORM

1. Client Information

- a. Name _____
- b. Address _____

- c. Cell Phone _____
- d. Work Phone _____
- e. Email _____
- f. Date of Birth _____
- g. Driver's License No. _____
- h. Vehicle Information year _____ make _____
model _____ license no. _____

2. Other Parent's Information

- a. Name _____
- c. Cell Phone _____

3. Attorney Information

- a. Client's Attorney _____
- b. Other Parent's Attorney _____

4. Child/Children's Information

	Name:	Sex:	D.O.B.:	Currently Resides With:
1				
2				
3				
4				

5. Please list any special needs of the child(ren), including any allergies:

6. Please list the name(s) and phone number(s) of any person(s) authorized to pick up and/or drop off the child(ren):

Signature _____ Date _____

7. Are photographs allowed at the visits?

Yes _____ No _____

If photos are allowed, would you like the photos sent to you?

Yes _____ No _____

8. Are gifts allowed at the visits (including money)?

Yes _____ No _____

If gifts are allowed, are there any limitations on what can be given?

9. Is food allowed at the visits?

Yes _____ No _____

If food is allowed, are there any limitations?

10. Are visitors allowed at the visits?

Yes _____ No _____

If visitors are allowed, please list each visitor allowed and the frequency in which the visitor(s) may attend visits:

11. Any additional information you believe is important for Forward Steps to know:
