

Kathleen Doherty Robinson PsyD LLC
1720 S. Bellaire Street, Suite 203
Denver, CO 80222

Initial Intake Form - Child / Adolescent

Client Information

Name: _____

Date of Birth: _____ - _____ - _____

Social Security #: _____ - _____ - _____

Address: _____

Phone Numbers: Home _____
Work _____
Cell _____
Email _____

Parent Information

Mother's Name: _____ **Father's Name:** _____

Mother's SS#: _____ - _____ - _____ **Father's SS#:** _____ - _____ - _____

Address: _____ **Address:** _____

Mother's Phone: _____ **Father's Phone:** _____
Home _____ Home _____
Work _____ Work _____
Cell _____ Cell _____
Email _____ Email _____

Credit Card Information (To be saved / used if payment is not received in a timely manner)

Visa/MasterCard/AmEx # _____

Expiration Date _____

Security Code _____

Billing Address _____

Emergency Contact/Phone: _____