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Date file opened: _____

PARENT/GUARDIAN INTAKE FORM

To be completed by a parent or guardian of the client

Today's date: _____

Name of youth that is seeking therapy: _____ Age: _____

Name of person completing this form: _____

Relation to client: _____

Please describe what concerns you about your child:

What are your child's strengths, skills, and positive qualities?

Anything else you would like to mention?