



www.blakepsychology.com

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Date file opened: _____

PARENT/GUARDIAN INTAKE FORM (Optional)

To be completed by a parent or guardian of the client, if you have additional information that you want the therapist to know about your child. **Please note that confidentiality is *not* guaranteed, and this information may be shared with your child.**

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?