



DAVID J. BARRY, M.A.
Marriage and Family Therapist

Minor Intake Form

Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Mother's Name Mother's Phone Mother's Address (If different from above)

Father's Name Father's Phone Father's Address (If different from above)

Mother's email address Father's email address

Custody: Married - Joint - Full Mother - Full Father

Siblings (names and ages)

_____ Age _____ School _____ At Home: Yes No

_____ Age _____ School _____ At Home: Yes No

_____ Age _____ School _____ At Home: Yes No

Please list the names and relationship to any other people living in the house with the child:

_____ Relationship to client: _____

_____ Relationship to client: _____

What is the reason for your visit? _____

I was referred by: _____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____