



SUSANNE MOTLEY MFT

Lic, no MFT 41310

1192 Suncastr Lane, Suite 5

El Dorado Hills, CA 95762

Phone: (916) 933-4609

Email: SusanneMotleyMFT@gmail.com

Child Intake form

Date: _____

Name of Child: _____ Birth Date: _____ Age: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

School (if applicable): _____ Teacher's name: _____

If a child is a minor, name and relationship of responsible adult/s:

Address (if not same as above): _____

Phone no's of responsible adult/s. _____

Who has primary custody of child? _____

Address (if not same as above): _____

Does child have siblings? _____

Names and ages: _____

Has child had previous Therapy/Counseling? Yes _____ No _____

Referred by: Self: _____ Dr.: _____ Other: _____

May I say who I am if I phone your home? Yes _____ No _____

Primary reason for seeking therapy:
