

**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:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
**Father's Phone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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

Visa/MasterCard/AmEx # \_\_\_\_\_

Expiration Date

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Security Code

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Billing Address

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**Emergency Contact/Phone:**

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