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INTAKE INFORMATION (CHILDREN/ADOLESCENTS)

TODAY'S DATE \_\_\_\_\_

CHILD/ADOLESCENT  
NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SCHOOL AND GRADE: \_\_\_\_\_

NAME OF  
PARENT(S)/CAREGIVER(S): \_\_\_\_\_

\_\_\_\_\_

ADDRESS(S) OF  
PARENT(S)/CAREGIVER(S): \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS OF PARENT(S) CAREGIVER(S): HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

PLEASE INDICATE ANY SPECIAL INSTRUCTIONS FOR CALLING OR WRITING TO ADDRESSES

REASON FOR REFERRAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHO REFERRED THE CHILD OR ADOLESCENT \_\_\_\_\_