

Litsa Bradford, LMFT lic 25703

Desert Counseling Center

71777 San Jacinto Drive, Suite 204
Rancho Mirage, CA 92270

Child Client Intake Information

Today's Date _____

Parent/Guardian 1: _____ Relationship to Child: _____

Parent/Guardian 2: _____ Relationship to Child: _____

NOTE: If child(ren) reside with both parents/guardians at the same address, at least one parent/guardian must also complete a Psychotherapy Intake Form. If custodial parents/guardians do not reside together, BOTH must complete a Psychotherapy Intake Form.

BOTH parents/guardians must also sign this form AND an Agreement for Service/Informed Consent.

| Child(ren) Name(s) | Age | Date of Birth | Grade | Allergies/Food Restrictions/Medications |
|--------------------|-----|---------------|-------|---|
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Please describe why you are seeking treatment for your child(ren): _____

Parent/Guardian 1 Signature

Parent/Guardian 2 Signature