

Welcome to Torrey Hills Health

Client Intake Form (Children and Adolescents)

Client Last Name Client Middle Initial Client First Name Jr., Sr., III

Date of Birth Age Grade Gender (Male/Female)

Primary Address

City State Zip Code

Secondary Address if applicable

City State Zip Code

Mailing Address (Same as above)

City State Zip Code

Primary Home Phone Secondary Home Phone Cell Phone

Parent's name/s

Parent's marital status (Married, Remarried, Single parent, Widow(er), Divorced, Separated)

Reason(s) for services

Referral Source May I contact Referral?