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CHILD AND ADOLESCENT INTAKE FORM: ADMISSIONS TESTING

To be filled out by parent or guardian requesting services for a minor child. This information will help your therapist understand you child. It, as all communications with your therapist, will be kept confidential to the full extent of Washington, DC law.

Today's date _____

BACKGROUND INFORMATION

Child's Name _____ Date of Birth _____ Age _____

Child lives with (✓ one): both biological parents _____ mother _____ father _____
mother & stepfather _____ father & stepmother _____ other _____

Child's Address/City/St/Zip _____
Child's Home Phone _____

INFORMATION ABOUT CHILD'S MOTHER

Mother's Name _____
Employer _____ Occupation _____
Home address (if different than above): _____
Mother's home phone (if different than above): _____ Mother's cell phone: _____
Mother's email: _____ May I use this email? ____ yes ____ no

INFORMATION ABOUT CHILD'S FATHER

Father's Name _____
Employer _____ Occupation _____
Address (if different than above): _____
Father's home phone (if different than above): _____ Father's cell phone: _____
Father's email: _____ May I use this email? ____ yes ____ no

ACADEMIC / SCHOOL INFORMATION

School Name _____ Grade _____ Teacher _____

Has child ever repeated a grade? ____Yes ____No If so, when? _____

Describe your child's academic performance: _____

How does your child get along at school? _____

SOCIAL INFORMATION

Describes your child's relationship with peers: _____

Describe what your child likes to do for fun, special interests, hobbies, etc. _____

Describe your child's strengths and positive traits: _____
