

**MARIO PRIETTO PhD LCSW**

**lcs 24161**

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**CLIENT INFORMATION SHEET: CHILD / ADOLESCENT**

DATE OF INTAKE: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B. & AGE: \_\_\_\_\_ SSN (optional): \_\_\_\_\_

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

PARENT / RESPONSIBLE ADULT(S): \_\_\_\_\_

PARENT'S DRIVER'S LIC. #: \_\_\_\_\_

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

CEL PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENTS' OCCUPATION: \_\_\_\_\_

PARENT'S WORK PHONE: \_\_\_\_\_

CLIENT'S SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

SIGNIFICANT TEACHERS \_\_\_\_\_

FAMILY/SIGNIFICANT OTHERS or  
SECONDARYCARETAKER: \_\_\_\_\_

CONTACT \_\_\_\_\_ INFO  
(optional) \_\_\_\_\_

EMERGENCY CONTACT (IF DIFFERENT FROM PARENT / FAMILY ABOVE):

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

OTHER HOUSEHOLD MEMBERS/SIGNIFICANT OTHERS:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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\_\_\_\_\_

WHY ARE YOU COMING TO SEE A THERAPIST TODAY?  
WHAT ARE YOUR HOPES FOR THIS EXPERIENCE? (preferably in youth's words)

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WHAT DO YOU CONSIDER YOUR GREATEST STRENGTHS?  
WHAT ARE YOU VERY GOOD AT DOING? WHAT DO YOU ENJOY MOST?

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WHO REFERRED YOU HERE TO MY OFFICE?

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DO I HAVE PERMISSION TO LET THIS PERSON KNOW YOU CAME? \_\_\_\_\_

CLIENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE