Tides of Healing
COUNSELING SERVICES
Caitlin MacCalla, M.A, LMFT

Address: 4010 Moorpark Ave. #118, San Jose, CA. 95117
Main: (650) 799-1762
Email: cmaccalla.lmft@gmail.com
Web: www.tidesofhealing.com

Intake Form Teens/Children

Client Name: ____

Client Gender Pro-nouns:

Client's Date of birth: ___________________________________

Address: ____

City/State/Zip Code:______________________________________

Home Phone: ____

Ok to leave a message? Yes No

Client's Mobile Phone: ___________________________________

Ok to leave a message? Yes No

Client's Email:____

Client's School of Attendance: _____________________________

Grade: ____

Sibling 1 name/age: ______________________________________

Sibling 2 name/age: ______________________________________

Sibling 3 name/age: ______________________________________

Mother's Name ____

Mother's Mobile Phone: ____________________________________

Ok to leave a message? Yes No

Mother's Work Phone: _____________________________________

Ok to leave a message? Yes No

Mother's Email: ____

Does Mother live with client? Yes No

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Father's Name: ____

Father's Mobile Phone: ____

Ok to leave a message? Yes No

Father's Work Phone: ____

Ok to leave a message? Yes No

Father's Email: ____

Does Father live with client? Yes No

Referred by: ____

Permission to Thank? Yes No

Email appointment reminders? Yes No

Text appointment reminders? Yes No

Emergency Contact:

Name: ____

Phone #: ____

Preferred Payment Method: Cash, Check, Credit Card

Do you need a Superbill for insurance? Yes No