



INTAKE FORM for Wynns Family Psychology

Contact Information: Please fill in the following information

Name of client _____ Date of Birth _____

If client is a minor:

Parents' Names:(1) _____ &(2) _____
Married _____ Divorced _____ Separated _____ Never Married _____

(1) _____
Parents / Clients Mailing Address _____ Telephone _____

Email Address

(2) _____
Parents / Clients Mailing Address (If same as line 1 write "same") _____ Telephone _____

Email Address

Name of school child attends _____ Grade _____

In case of emergency, please call:

Name & Relationship _____ Telephone _____

Name of clinician: _____ **Date of first session:** _____

Would you like to sign up for our free No Wimpy Parenting newsletter? ____ (Yes) ____ (No)

Would you like to sign up for our free Marriage Reclaimed Blog ____ (Yes) ____ (No)

Referral Source: Please indicate how you were referred to us by placing a check in the box.

[] Friend/Colleague [] Professional Referral _____
(Please write in the name of the person who referred you.)

[] Online (Please circle) wynnsfamilypsychology.com / Psychology Today directory / Google / Other _____

What keywords were used in search engine? (e.g., "Child Psychologist Durham", "AD/HD testing Chapel Hill" etc.)

[] Brochure / flyer (Please list location) _____

[] Magazine / Media / Radio _____