

**NEW ORLEANS CENTER FOR HOPE AND CHANGE**

313 N MONROE STREET SUITE 4 MARKVILLE, LA 71351 | Telephone (318)-253-7888 | Fax (318) 253-2222

106 W. BELLEVUE STREET OPELOUSAS, LA 70570 | Telephone (337)-407-5148 | Fax (337) 407-5147

**Intake Form**

Client Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicaid Number \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell or alternate Number: \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Attends School At: \_\_\_\_\_

Grade: \_\_\_\_\_ Ever Retained: Yes No When? \_\_\_\_\_

Referred by: \_\_\_\_\_

Problems in the home: \_\_\_\_\_

Does child harm animals when angry? Yes No Does child play with fire? Yes No

Problems in school: \_\_\_\_\_

\_\_\_\_\_

How many time out/ recess taken/seat moved: \_\_\_\_\_

How many I.S.S. \_\_\_\_\_ How many suspensions: \_\_\_\_\_

Suspended for: \_\_\_\_\_

Have parents met w/principal/or counselor @ school: \_\_\_\_\_ both: \_\_\_\_\_

Any legal issues: \_\_\_\_\_

Medications: \_\_\_\_\_

Prescribed by: \_\_\_\_\_ How long \_\_\_\_\_

Health Insurance: \_\_\_\_\_

PCP: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Date Assessment Scheduled: \_\_\_\_\_

**Date of Intake:** \_\_\_\_\_ **By:** \_\_\_\_\_