

DEMARLE, INC

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Intake Form

Privileged and Confidential for Professional Use Only

Today's Date _____

Child's Name: _____

Date of Birth _____

Child's Sex

Male Female

Mother's Name _____

Father's Name _____

Married Single Divorced Never
Married

Age _____

Custody Arrangement: sole

Home Phone # _____

Joint-lives w/

Mother's Work # _____

Mother's Cell # _____

Father's Work # _____

Father's Cell # _____

Email Address: _____

Mother's Home

Address: _____

Father's Home

Address: (if

different) _____

Primary Care MD _____

MD's Address _____

MD's Phone _____

Educational Information

Current School _____

Current Grade _____

Classroom Setting
(regular, special,
alternative, etc..)

Yes No

Has your child been
evaluated at school?

Is your child current
suspended

Yes No

School Address _____

Teacher's Name _____

If Yes? When and
by whom?

Have they been
suspended in the
last year

Yes No

Current Concerns

What are your top 3 concerns about your child?

1. 2. 3.

Is there anything else you would like us to know about your child?

Medical Information

Does your child currently take any medications Yes No

If yes, please list the medications and dosages for each

Is your child currently working with a counselor?

Yes No

Is yes please provide their name and address

I understand that payment is due at the time of service, unless I have made prior arrangements with DEMARLE, INC. I agree to pay all fees which incur from any services from this office. I understand that failure to do so will result in being sent to collections. I also understand that services through DEMARLE, INC are not covered by insurance and that I am responsible for all payments. I understand that missed appointments, or appointments cancelled less than 24 hours in advance are subject to a charge of \$30.

Signature

Date Intake Packet mailed: _____

Parent packet Received _____ School Packet Received _____

Date Requested PCP information _____