

FAMILY INTAKE

Referred by: _____ Today's Date: _____

I. Client Information

CLIENT Name: _____

First

Middle

Last

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ City & State of Birth: _____

How many years lived in PA: _____ Social Security No: _____

Maiden name _____

Present Employer: _____ Position/Title: _____

Salary: _____ Length of Employment: _____

II. Spouse's Information

SPOUSE'S Name: _____

First

Middle

Last

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ City & State of Birth: _____

How many years lived in PA: _____ Social Security No: _____

Maiden name _____

Present Employer: _____ Position/Title: _____

Salary: _____ Length of Employment: _____

III. Marital Information

Date and place of marriage _____
Date City County State

Number of this marriage (Client) 1st 2nd 3rd

Number of this marriage (Spouse) 1st 2nd 3rd

Date of separation _____ Do you have a copy of marriage certificate _____

IV. Child/ren Information

Do you & your spouse have any children together _____ How many _____
If so, please state the following:

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Child's Name: _____

Date of Birth: _____ Social Security #: _____

THE THOMAS SMITH FIRM, P.C.
780 NEWTOWN-YARDLEY ROAD, SUITE 310A, NEWTOWN, PA 18940

TIFFANY M. THOMAS-SMITH
*MEMBER OF PA AND NJ BAR

215-860-3747 PHONE
215-860-3758 FAX

In the past five years, where, when, and with whom have the above listed children lived:

Address:	With Whom They Are Living:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have child/ren from a prior marriage or with any other person. If so, please state:

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Does your spouse have child/ren from a prior marriage or with any other person. If so, please state:

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

V. Additional Information
