



CHILD AND FAMILY EMPOWERMENT SERVICES, LLC
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"Where empowerment leads to healthy prevention"



Client Intake Form

Date:

Referred By:

Client Name:

DOB:

Gender:

Address:

City:

State:

Zip:

Phone:

Cell:

Work:

Parent/Spouse:

Phone:

Address:

City:

State:

Zip:

Emergency Contact:

Relationship:

Phone:

Type of Therapy Requested: () Individual () Couple () Family () Child Play Therapy

() Anger Management () Depression Group () Adult Molested as Children Group

() Self Esteem Group () Family Mediation () Family Conference

Main concerns to be addressed:

Insurance Carrier:

Assigned Therapist:

Medications:

Allergies:

Number of Children in Home and their ages?:

Is your attendance Court Ordered?:

Case Worker:

Judge:

Next Court Hearing:

Fee information:

Clients/Parents are responsible for payments; please check if any other parties are involved regarding payments:

Client Signature:

Program Limitations

We are unable to take the following types of cases due to the limitations of program capacity and/or resources and would refer clients to other community resources for:

- High risk to well being of clients and/or others that require immediate inpatient treatment
- Medications evaluation/psychiatric evaluation
- Cases that require psychological assessment
- Cases that require intense drug rehabilitations treatment, including UA's
- Extreme violent behavior that requires police involvement
- Cases that require domestic violence state certification
- Custody evaluation
- Refusal to follow CFES Policy and Procedures for client and staff safety
- Refusal to follow CFES Policy and Procedures for payment and/or treatment recommendations.

Lani Taholo, LCSW