



Family Intake Form

Family Information

Please list those who will be present for counseling:

Father's Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

It is customary to mail a termination letter at the end of treatment. If the above is not a safe or preferred mailing address for you to receive mail at, please provide an alternate mailing address here: _____

Email: _____

Method of contact: Phone or Email (circle one)

Age: _____ Gender: _____ DOB: _____

Religious Affiliation: _____ Employer: _____

Occupation: _____

Marital Status: Single Engaged Married (___years married)

Separated Divorced (circle one)

Mother's Name: _____

Phone: _____ Address: Same as above

City: _____ State: _____ Zip: _____ County: _____

Email: _____

Method of contact: Phone or Email (circle one)

Age: _____ Gender: _____ DOB: _____

Religious Affiliation: _____ Employer: _____



Occupation: _____

Marital Status: Single Engaged Married (____years married) Separated Divorced (circle one)

It is customary to mail a termination letter at the end of treatment. If the above is not a safe or preferred mailing address for you to receive mail at, please provide an alternate mailing address here:

Children*:

Name/Age

*If children are stepsiblings or partial siblings, please indicate next to their name Mental Health:

Has anyone in the immediate family currently or historically been suicidal? Yes No If yes, who and when? _____

Has anyone in the immediate family been hospitalized for mental health-related issues? Yes No If yes, who and when? _____

Is anyone in the immediate family currently receiving counseling services with another professional? Yes No If yes, who and for how long? _____

Reasons for Seeking Family Counseling:

How would you know that your time in therapy has been successful? What would look different in your family?

List some strengths in your family:

List some weaknesses in your family:

How does your family deal with conflict?

How does your family celebrate/play together?

What are things that your family does together on a regular (weekly) basis?

How does your family deal with major life events (i.e. weddings, deaths, life-threatening illnesses, job loss)?

Has anyone in the family ever struck, physically restrained, used violence against, or injured any person within the family? Yes No If yes, please explain:

Referred by:

Therapist Church Physician Agency Friend Internet Emergency

Contact Name: _____

Relationship: _____

Phone Number: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____