

FAMILY COUNSELING INITIAL INTAKE FORM

** indicates a required field*

Family Information (Please list those who will be present for counseling and identify.)

*** Father's Name :**

*** Father's Phone Number:**

*** Father's Address(Please include City, State and Zip Code):**

*** Father's Email:**

*** Age/ Gender/ Date of Birth:**

*** Marital Status**

- ☐ Single
- ☐ Engaged
- ☐ Married
- ☐ Separated
- ☐ Divorced

Employer/ Occupation :

*** Mother's Name:**

*** Mother's Phone Number:**

*** Mother's Address(Please include City, State and Zip Code):**

*** Mother's Email:**

*** Age/ Gender/ Date of Birth:**

*** Marital Status**

- ☐ Single
- ☐ Engaged
- ☐ Married
- ☐ Separated
- ☐ Divorce

*** Employer/ Occupation :**

Children: Name Age (*If children are step-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?**

*** If yes, who and when?_**

*** Is anyone in the immediate family currently receiving counseling services with another professional?**

*** 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 deal with conflict?**



*** 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?

▼

* If yes, please explain:

* Referred by:

▼

Client Signature: _____

I consent to sharing information provided here.

Client Signature: _____

I consent to sharing information provided here.