

Intake and History - Family

This information will help me understand your history and concerns so that we can focus our time efficiently. All material is confidential and will not be released without your written request.

Parent Name: _____ Date of Birth: _____

Address: _____ Home phone: _____ Message OK

_____ Cell phone: _____ Message OK

Employer/School: _____ Work phone: _____ Message OK

E-Mail Address: _____

Parent Name: _____ Date of Birth: _____

Address: _____ Home phone: _____ Message OK

_____ Cell phone: _____ Message OK

Employer/School: _____ Work phone: _____ Message OK

E-Mail Address: _____

Relationship Status: Married/Partnered Living together Single Divorced Widowed

How long in present status: _____ Prior marriages (dates): _____

Persons living in the home other than those listed above:

Name	Date of Birth	Relationship

Who will participate in counseling?

Name	Age	Relationship	Phone number (if different)

Intake and History, Continued

Please check if your family has experienced any of the following in the last year:

- | | | |
|---|--|---|
| <input type="checkbox"/> Death of a family member | <input type="checkbox"/> Marriage or new partnership | <input type="checkbox"/> Pregnancy/Birth |
| <input type="checkbox"/> Death of a close friend | <input type="checkbox"/> Separation or Divorce | <input type="checkbox"/> Medical condition/issues |
| <input type="checkbox"/> Moved residence | <input type="checkbox"/> New family member | <input type="checkbox"/> Serious illness of family member |
| <input type="checkbox"/> Change in job/career | <input type="checkbox"/> Family member left home | <input type="checkbox"/> Change in financial situation |
| <input type="checkbox"/> Conflict within family | <input type="checkbox"/> Difficulties at work/school | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Conflict with friends | <input type="checkbox"/> Academic Problems | <input type="checkbox"/> Other: _____ |

Further Explanation:

Concerns

What is the major reason you are seeking help at this time? _____

What have you tried so far to address your concerns? _____

What do you think is causing or contributing to the problem? _____

What would you like to get out of counseling? Please be specific regarding your goals: _____
