



## FAMILY INTAKE FORM

Please provide the following information and bring it to your first session. Note: The information you provide is confidential and is for the purpose of initiating therapy sessions:

Full Name/DOB/Gender: \_\_\_\_\_  
Marital Status:  Never Married  Domestic Partnership  Married  Separated  Divorced  Widowed

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Your Mailing Address: \_\_\_\_\_

Other Mailing Address: \_\_\_\_\_

Primary Phone: (    ) \_\_\_\_\_ Other Phone (    ) \_\_\_\_\_

Is it okay to leave a message? \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ Permission to call in an emergency?  Yes  No Contact's phone \_\_\_\_\_

Referred by: \_\_\_\_\_

Are any family members taking any medications?  Yes  No If yes, please list:

\_\_\_\_\_

Have any family members received mental health support? \_\_\_Yes \_\_\_No If yes, please list previous provider(s): \_\_\_\_\_

**HEALTH INFORMATION**

1. Please describe your family members' current physical health: \_\_\_\_\_

\_\_\_\_\_ **Allergies?** \_\_\_\_\_

Please list health problems anyone is experiencing: \_\_\_\_\_

\_\_\_\_\_

2. Please describe your family's current sleep habits. List any troubling sleep patterns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please describe your family's level of exercise (how often, types of exercise, etc): \_\_\_\_\_

\_\_\_\_\_

4. Please list difficulties any family member experiences with appetite/eating patterns:

\_\_\_\_\_

5. Is any family member experiencing sadness, grief, or depression? \_\_\_Yes \_\_\_No If yes, who and how long? \_\_\_\_\_

6. Are any family members experiencing anxiety, panic attacks or phobias? \_\_\_Yes \_\_\_No If yes, who? How long? \_\_\_\_\_

\_\_\_\_\_

7. Is anyone experiencing chronic pain? \_\_\_Yes \_\_\_No If yes, who, how long and describe: \_\_\_\_\_

\_\_\_\_\_

8. Please describe alcohol or cigarette usage: \_\_\_\_\_

9. How often does any family member use recreational or illegal drugs? Who? \_\_\_\_\_

\_\_\_\_\_



### ADDITIONAL INFORMATION

1. Please describe your employment statuses, title, hours, stressors, etc (including homemakers):

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2. Those in school, please note the school name, grade level and any stressors:

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3. Please describe spiritual, religious beliefs, if any, & the role it plays in your family:

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4. Please describe your family strengths:

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5. Please describe your family challenges:

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6. Please list what your family would like to accomplish while in therapy:

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