



Family Session Intake Form

Today's Date ____/____/____

CLIENT INFORMATION: PARENT/GUARDIAN/CARE GIVER 1

Last Name		First		Occupation	Employer
Street Address				City	State Zip Code
Preferred Contact Number ()	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>	Ok to Leave Message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Cohabitant				Birthdate	Email Address

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CLIENT INFORMATION: CHILD(REN)

Name	Birthdate	Age	Gender	Who Has Legal Custody?
Name	Birthdate	Age	Gender	Who Has Legal Custody?
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Other Parent(s)/Guardians(s)/Care Giver(s) Who Child(ren) Does Not Reside With:

Custody paperwork clearly stating who has the right to consent for treatment must be presented before therapy with a minor child can begin.

EMERGENCY CONTACT INFORMATION

Name	Relationship to Client	Phone Number
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What is the presenting problem?

What topics/issues would you like to address or receive support for during family therapy?

What form of discipline is used in the home, and what reasons are discipline used for?

Does your family have any history, AT ANY TIME, of drug and/or alcohol use, misuse, addiction or treatment? If yes, please describe who and the nature of the problem?

Does your family have any history, AT ANY TIME, of counseling or taking medications for mental health treatment? If yes, please describe who and the nature of the problem.

Does anyone in your family have a physical or emotional problem? If yes, please describe who and the nature of the problem.
