FAMILY THERAPY INTAKE FORM

Complete Individually (for clients ages 14+)

| First name: _ | | Last nai | me: |
|---------------|------------------------|-----------------------|----------------------|
| Age: | Date of Birth: | Eth | nicity: |
| Religion: | | Marit | tal Status: |
| Sex/gender: | | Number of children: _ | Ages of children: |
| Home addre | ss: | | |
| | | | |
| | | | |
| Email: | | | - |
| | | | |
| Phone: | | | |
| EMPLOYMEN | NT INFORMAITON: | | |
| □ Or | n sick leave, as of th | is date: | Return to work date: |
| Lv | was: 🗌 Full-time or | ☐ Part-time | |
| at | : | | Position: |
| ☐ Fu | ll-time at: | | Position: |
| □ Pa | rt-time at: | | Position: |
| | ot working because: | | |
| ☐ Sto | udent at: | | |
| | OUND THIS CLINIC: | | |
| ☐ Word of m | nouth 🗌 I'm a fo | ormer client | ogy Today |
| ☐ Google sea | arch, using these wo | ords: | |
| □ Othor | | | |

PSYCHIATRIC AND MEDICAL HISTORY

| Please list any psychiatric or problems you h | nave been diagnosed with: |
|---|--|
| | |
| Please list any medical or "physical" probler | ms you have been diagnosed with: |
| | |
| | |
| Please list any medications you currently ta | ke, dose, and what you take them for: |
| | |
| | |
| Name of family doctor: | Phone: |
| Date of last check-up/physical: | |
| Results: | |
| Name of Psychiatrist: | Phone: |
| Date of last visit: | |
| Results: | |
| MENTAL HEALTH TREATMENT HISTORY | |
| Have you ever been hospitalized for psycho | logical or psychiatric reasons? Yes / No |
| If yes, please describe when and where you | |
| | |

| If yes, for what problems? | | | | |
|---|-------------------|-----------|------------------------|------------------|
| When: | Where | e: | | |
| With whom: | | | Length of treatmer | nt: |
| Was the outcome successful? | □ Very □ S | omewha | t □ No change | ☐ Got worse |
| Have you ever been in individual | counselling bef | ore? Ye | s / No | |
| If yes, give summarize the concer | ns addressed: _ | | | |
| | | | | |
| CURRENT HABITS | | | | |
| Please describe your <i>current</i> habito you. | its in each of th | e followi | ng areas. Write N/A if | it doesn't apply |
| · | | | | |
| Smoking: | | | | |
| Gambling: | | | | |
| Drinking alcohol: | | | | |
| Drug use: | | | | |
| Caffeine intake: | | | | |
| Exercise: | | | | |
| Eating problems: | | | | |
| Sleeping: | | | | |
| Fun and relaxation: | | | | |
| CURRENT STRESSFUL LIFE EVENT | | | | |
| | | | | |
| | No | Yes | If yes, plea | se describe |
| Economic problems | | | | |
| Difficulty accessing healthcare | | | | |
| Legal issues or crime | | | | |
| Cultural issues | | | | |

Have you ever received family counseling? Yes / No

Family conflict or lack of support

Social problems

| Education | nal or occu | national (| difficulti | ΔC | | | | |
|--------------|-------------|------------|-------------|-----------------|---------|------|------|--|
| | | pationart | anneun | - | | | | |
| Housing p | | | | | | | | |
| | ereaveme | nt | | | | | | |
| Other | | | | | | | | |
| | | | | | | | | |
| QUESTIO | NS ABOUT | YOUR FA | MILY | | | | | |
| How close | e do you fe | el to you | r family | members? | (circle | one) | | |
| 1 distant | 2 | 3 | 4 | 5 very close | | | | |
| Explain. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | d | | | £: | | | | |
| How Well | ao you ge | t along w | ith your | family mer | nbers? | | | |
| 1 | 2 | 3 | 4 | 5 | | | | |
| poorly | | | | very well | | | | |
| Explain. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| D | (!) | /- | l 1 - 1 - 1 | 2 | | | | |
| Describe | your family | y s nousel | noid rul | esr | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| What are your goals for treatme | ent objectives? (check all that apply): | |
|---------------------------------|---|---------------------------|
| Improve communication | ☐ Conflict resolution | Parenting skills |
| Problem-solving | ☐ Increase emotional safety | More physical safety |
| More quality time together | ☐ Resolve individual issues | More autonomy |
| More respect/understanding | ☐ Power and control issues | More hobbies |
| Less harsh discipline | ☐ More sharing of the chores | Help for children's behav |
| Other (specify): | | |
| | | |
| | nerapy? nat led someone to make this call? W | |
| | | |
| | at led someone to make this call? W | |

Does anyone in your family drink alcohol or take drugs to intoxication (get drunk)? Yes / No

| If yes, wh | o, how o | ften, and v | what dru | g/alcohol? |
|------------------|------------|--------------|------------|---|
| - | - | | | restrained, harmed, or injured another family member? |
| (e.g., pusi | nea, snov | ved, grabb | ed, siapp | ed, etc.) Yes / No |
| If yes, wh | o, how o | ften, and v | what hap | pened? |
| Is your fai | mily at ri | sk for split | ting un? | ☐ Yes ☐ No ☐ Unsure |
| - | - | | | Lifes Life Light Consumer |
| if yes or u | insure, p | lease expla | ain. | |
| | | | | |
| | | | | |
| | | | | or given up trying to work things out? Yes / No |
| If yes, wh | o? | | | |
| Circle you | ır curren | t level of o | verall str | ess. |
| 1 no stress | 2 | 3 | 4 | 5 very stressed |
| | ır curren | t level of s | tress with | hin your family? |
| 1 | 2 | 3 | 4 | 5 |
| no stress | ۷ | 3 | 4 | very stressed |
| Name the | top thre | ee concern | s you hav | ve in your family ("1" being the most problematic). |
| 1. | | | | |
| | | | | |
| | | | | |
| | | | | |
| How impo | ortant is | it to you to | o improv | e the quality of your family relationships? |
| 1 not importa | 2 ant | 3 | 4 | 5 extremely important |

| | | | | n these relationships" a priority in your | iiic: |
|-----------------|---------------|-----------|-----------|---|-------|
| 1 ot willing | 2 | 3 | 4 | 5 extremely willing | |
| | | | | | |
| there any | thing else | you would | l like to | mention related to the above statemen | ts? |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| = | | _ | - | el of family satisfaction from the start u pirth of a child, death of a family membe | |
| omplete s | atisfaction | (100) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| N | o satisfactio | on (0) | | | |
| | | | | Family Timeline | |
| | | Now | | | |
| Comments | : | | | | |
| | | | | | |