

**FAMILY THERAPY INTAKE FORM**  
**Complete Individually (for clients ages 14+)**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Sex/gender: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Home address: \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

On sick leave, as of this date: \_\_\_\_\_ Return to work date: \_\_\_\_\_

I was:  Full-time or  Part-time

at: \_\_\_\_\_ Position: \_\_\_\_\_

Full-time at: \_\_\_\_\_ Position: \_\_\_\_\_

Part-time at: \_\_\_\_\_ Position: \_\_\_\_\_

Not working because: \_\_\_\_\_

Student at: \_\_\_\_\_

**HOW YOU FOUND THIS CLINIC:**

Word of mouth     I'm a former client     Psychology Today

Google search, using these words: \_\_\_\_\_

Other: \_\_\_\_\_

**PSYCHIATRIC AND MEDICAL HISTORY**

Please list any psychiatric or problems you have been diagnosed with:

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Please list any medical or "physical" problems you have been diagnosed with:

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Please list any medications you currently take, dose, and what you take them for:

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Name of family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last check-up/physical: \_\_\_\_\_

Results:

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Name of Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Results:

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**MENTAL HEALTH TREATMENT HISTORY**

Have you ever been hospitalized for psychological or psychiatric reasons? Yes / No

If yes, please describe when and where you were hospitalized, and for what reasons.

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Have you ever received family counseling? Yes / No

If yes, for what problems? \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

With whom: \_\_\_\_\_ Length of treatment: \_\_\_\_\_

Was the outcome successful?  Very  Somewhat  No change  Got worse

Have you ever been in individual counselling before? Yes / No

If yes, give summarize the concerns addressed: \_\_\_\_\_

### CURRENT HABITS

Please describe your **current** habits in each of the following areas. Write N/A if it doesn't apply to you.

Smoking: \_\_\_\_\_

Gambling: \_\_\_\_\_

Drinking alcohol: \_\_\_\_\_

Drug use: \_\_\_\_\_

Caffeine intake: \_\_\_\_\_

Exercise: \_\_\_\_\_

Eating problems: \_\_\_\_\_

Sleeping: \_\_\_\_\_

Fun and relaxation: \_\_\_\_\_

### CURRENT STRESSFUL LIFE EVENTS

	No	Yes	If yes, please describe
Economic problems			
Difficulty accessing healthcare			
Legal issues or crime			
Cultural issues			
Family conflict or lack of support			
Social problems			



What are your expectations for family counseling?

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What are your goals for treatment objectives? (*check all that apply*):

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|---|---|---|
| <input type="checkbox"/> Improve communication      | <input type="checkbox"/> Conflict resolution        | <input type="checkbox"/> Parenting skills             |
| <input type="checkbox"/> Problem-solving            | <input type="checkbox"/> Increase emotional safety  | <input type="checkbox"/> More physical safety         |
| <input type="checkbox"/> More quality time together | <input type="checkbox"/> Resolve individual issues  | <input type="checkbox"/> More autonomy                |
| <input type="checkbox"/> More respect/understanding | <input type="checkbox"/> Power and control issues   | <input type="checkbox"/> More hobbies                 |
| <input type="checkbox"/> Less harsh discipline      | <input type="checkbox"/> More sharing of the chores | <input type="checkbox"/> Help for children's behavior |
| <input type="checkbox"/> Other (specify):           |   |   |

What have you already tried to address these difficulties?

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Whose idea was it to come to therapy? \_\_\_\_\_

Was there a prompting event that led someone to make this call? Why seek help now?

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What are your greatest strengths as a family?

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Make at least three suggestions *you* could personally do to improve family relationships.

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



