



## FAMILY INTAKE FORM

*This questionnaire will help us to get to know a little more about your family, both in past and present, and how we may be of help. If you feel uncomfortable with any question, you can choose to talk about this later and we can discuss it privately when we meet. Please complete this questionnaire as honestly and as completely as possible.*

*All responses you provide will be kept confidential unless you choose to release this information to someone or report that you are seriously harming yourself or someone else, or someone has seriously harmed you.*

### PERSONAL INFORMATION:

Parent/Caregiver 1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Gender Identity:  Male  Female  Transgender  Other: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Religious Preference/Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent/Caregiver 2 Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Gender Identity:  Male  Female  Transgender  Other: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Religious Preference/Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Biological Parent(s) Name(s) – If Different from Above: \_\_\_\_\_

### RELATIONSHIP HISTORY:

How long have you and your partner been together? \_\_\_\_\_

What is your current relationship status?

Dating  Cohabiting/living together  Engaged  Married  Separated/Divorced



**CURRENT HOUSEHOLD AND FAMILY INFORMATION:**

Please list all the individuals whom currently live with you, including children and additional caregivers. Please also indicate if separate households.

Name	Age	Relationship	Occupation/Grade

**CURRENT REASON FOR SEEKING THERAPY FOR YOUR FAMILY:**

Briefly describe the problem or reason(s) for which you are seeking family therapy.

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Please describe the impact of your family’s current challenges on family functioning, dynamics, and interactions.

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How long has your family been struggling with these challenges?

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What do you hope to gain from this intake with us and what would you like to see happen as a result of family therapy/counseling?

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How important is this change for you? \_\_\_\_\_



**FAMILY THERAPY/COUNSELING HISTORY:**

Has your family previously met with a therapist or counselor?  Yes  No

If yes, with whom did your family work, what were the approximate dates of therapy, and the reason(s) your family attended therapy?

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What did you find most helpful in family therapy? \_\_\_\_\_

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What did you find least helpful in family therapy and what did not work for your family?

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**FAMILY PSYCHOSOCIAL HISTORY:**

**Family Events/Stressors**

Is your family experiencing any of the following challenges at present? Or in the past?  
(Please check any that apply and indicate if past and/or present)

	Present	Past		Present	Past		Present	Past
Marital Problems	<input type="checkbox"/>	<input type="checkbox"/>	Custody Disputes	<input type="checkbox"/>	<input type="checkbox"/>	Financial Problems	<input type="checkbox"/>	<input type="checkbox"/>
Divorce/ Separation	<input type="checkbox"/>	<input type="checkbox"/>	Blended Family	<input type="checkbox"/>	<input type="checkbox"/>	Housing Problems	<input type="checkbox"/>	<input type="checkbox"/>
Death of Loved One	<input type="checkbox"/>	<input type="checkbox"/>	Serious Family Illness	<input type="checkbox"/>	<input type="checkbox"/>	Parent Alcohol/Drug Use	<input type="checkbox"/>	<input type="checkbox"/>
Parent Job Loss	<input type="checkbox"/>	<input type="checkbox"/>	Trauma	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

How has your family dealt with this stressor(ers)? Please explain. \_\_\_\_\_

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**Family Mental Health History and Safety/Risk Concerns**

Has anyone in your family unit every struggled with mental health or substance use issues?

- Yes  No  Unsure

If yes or unsure, please explain. \_\_\_\_\_

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Has anyone in your family unit ever taken medication for a mental health reason?

- Yes  No  Unsure

If yes or unsure, please explain. \_\_\_\_\_

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Has anyone in your family unit ever purposely harmed himself/herself (e.g. cut, burned, bruised their body, or other)?

- Yes  No

If yes, please provide additional details. \_\_\_\_\_

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Has anyone in your family unit currently or historically been suicidal and/or attempted suicide?  Yes  No

If yes, please provide additional details. \_\_\_\_\_

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Has anyone in your family unit been evaluated for danger to self, danger to others, or grave disability (5150 evaluation)?  Yes  No  Unsure

If yes or unsure, please provide additional details (e.g. date(s) of evaluation(s), location, person whom completed evaluation).

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Has anyone in your family unit ever been psychiatrically hospitalized for danger to self, danger to others, or grave disability (5150 Hold)?  Yes  No  Unsure  
If yes or unsure, please provide additional details (such as date(s) of hospitalization, reason for hospitalization, inpatient facility where individual(s) resided during this stay/multiple stays).

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Is anyone in your family unit currently receiving therapeutic services from another therapist/counselor?  Yes  No  
If yes, please provide additional details (e.g. name of therapist, dates of treatment, etc.)

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### **Family Dynamics**

Please describe how your family spends time together. \_\_\_\_\_

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What activities does your family do together on a weekly/regular basis? \_\_\_\_\_

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What meals, if any, does your family eat together? How often? \_\_\_\_\_

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What are mealtimes like for your family? \_\_\_\_\_

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How does your family deal with major life events/stressors (e.g. weddings, deaths, life threatening illnesses, job losses, etc.)? \_\_\_\_\_

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Whom makes big decisions for your family? \_\_\_\_\_

\_\_\_\_\_

### Family Values

Please describe your family values.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you and your partner agree on your family values?  Yes  No  Unsure

Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family Activity Level

What activities is your family involved in every week? How much time is dedicated to each?

Do you feel overextended by your family's weekly schedule/demands? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family Conflict

Please explain what type of family disagreements/conflict occur in your family. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your family deal with disagreement(s) and resolve conflict(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has anyone in the family ever struck, physically restrained, used violence against, neglected, or injured any person within the family?  Yes  No  Unsure

If yes or unsure, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Parental Discipline**

What discipline strategies do you use with your child(ren)? (Please select any that apply)

- Removal of Privileges       Rewards/Incentives       Verbal reprimands/Discussions
- Physical Punishment       Grounding

Do you and your partner/other caregiver agree about your parenting philosophies?

- Yes     No     Unsure Please explain. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What happens when you and your partner/other caregiver disagree about your parenting practices? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How helpful are your current discipline and strategies?

- Helpful most of the time     Unhelpful most of the time     Unsure

**OTHER INFORMATION:**

Please describe your family's strengths and unique qualities. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your family supports (e.g. friends, spiritual/religious, and cultural).

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\_\_\_\_\_

Is there any other information you would like us to know about your family? \_\_\_\_\_

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