



FAMILY INTAKE FORM

Demographics

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: (H) _____ (C) _____ (W) _____

Email: _____ Method of contact: **Phone** or **Email** (circle one)

It is customary Refuge practice to mail a letter of termination at the end of treatment. If the above is not a safe or preferred mailing address for you to receive mail at, please provide an alternate mailing address here: _____

Family Information: *Please list those who will be present for counseling*

Mothers Name: _____ Age: _____ DOB: _____

Religious Affiliation: _____

Employer: _____ Occupation: _____

Marital Status: (circle one) **Single** **Married** (how long ___) **Divorced** (how long ___) **Widowed**

Father's Name: _____ Age: _____ DOB: _____

Religious Affiliation: _____

Employer: _____ Occupation: _____

103 Forrest Crossing Blvd., Ste. 102, Franklin, TN 37064 615-591-5262

Marital Status: (circle one) **Single** **Married** (how long ___) **Divorced** (how long ___) **Widowed**

Children: *If children are stepsiblings or partial siblings please indicate next to their name*

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mental Health:

- Is anyone in the immediate family currently or historically been suicidal? (if so who and when?)

- Is anyone in the immediate family ever been hospitalized for mental health related issues?

- Is anyone in the immediate family currently receiving counseling services with another professional? If so who and for how long?

1) What are the primary issues of concern within your family that has led you to seek family counseling services?

2) On a scale of 1 to 10 where 1 is not at all helpful and 10 is Extremely helpful, how helpful do you think therapy will be in helping your family with what they came in for today. _____

3) List some strengths in your family:

4) List some weaknesses in your family:

5) How does your family deal with conflict?

6) How does your family celebrate/play together?

7) What are things that your family does together on a regular (weekly) basis?

8) How does your family deal with major life events (i.e. weddings, deaths, life threatening illnesses, job loss)?

9) Has anyone in the family ever struck, physically restrained, used violence against or injured any other person within the family? (If yes, please explain)

10) How would you know that your time in therapy has been successful? What looks different in your Family?

Referred by:

Emergency contact information:

Name

Relationship:

Phone:

Client Signature:

Date:

Client Signature:

Date:
