



The Refuge Center  
FOR COUNSELING

**Family Intake Form**

**Family Information**

*Please list those who will be present for counseling*

**Father's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

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

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Marital Status:** Single Engaged Married (\_\_\_years married) Separated Divorced (circle one)

**Mother's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:**  Same as above \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

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

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Marital Status:** Single Engaged Married (\_\_\_years married) Separated Divorced (circle one)

<b>Children:</b>	<b>Name</b>	<b>Age</b>
	_____	_____
	_____	_____

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

**Mental Health:**

Has anyone in the immediate family currently or historically been suicidal?  Yes  No

If yes, who and when? \_\_\_\_\_

Has anyone in the immediate family been hospitalized for mental health related issues?  Yes  No

If yes, who and when? \_\_\_\_\_

Is anyone in the immediate family currently receiving counseling services with another professional?

Yes  No

If yes, who and for how long? \_\_\_\_\_

**Reasons for Seeking Family Counseling:**

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How would you know that your time in therapy has been successful? What would look different in your family? \_\_\_\_\_

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List some strengths in your family: \_\_\_\_\_

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List some weaknesses in your family: \_\_\_\_\_

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How does your family deal with conflict? \_\_\_\_\_

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How does your family celebrate/play together? \_\_\_\_\_

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

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

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

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Referred by:** \_\_\_\_\_

Therapist  Church  Physician  Agency  Friend  Internet

**Emergency Contact Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_