**General Information of Person/Couple Requesting Counseling**

**Person 1** Last Name:  First Name:  Middle Initial:

Top of Form

Birth Date (M/D/YY):  Age:

Gender at Birth:  Preferred Gender Pronoun: Racial Identity:

What is role/relationship of **Person 1** in this immediate family dynamic:

**If other, please explain**

**Person 2** Last Name:  First Name:  Middle Initial:

Top of Form

Birth Date (M/D/YY):  Age:

Gender at Birth:  Preferred Gender Pronoun: Racial Identity:

What is role/relationship of **Person 2** in this immediate family dynamic:

**If other, please explain**

What is the nature of the relationship between **Person 1 and Person 2**?

Does **Person 1 and Person 2** reside in the same primary resident? **Yes**  **No**

**If No, complete address for both, however, please complete phone and email for both**

**Person 1:** Street Address:  City  State:  Zip:

Cell Phone:  Email Address:  Preferred Method of Communication:

**Person 2:** Street Address:  City  State:  Zip:

Cell Phone:  Email Address:  Preferred Method of Communication:

**General Information of Household Family Members**

List all individuals, in immediate family, by name, age, and relationship:

|  |  |
| --- | --- |
| **Name, age, relationship** | **Name, age, relationship** |
| **Name, age, relationship** | **Name, age, relationship** |
| **Name, age, relationship** | **Name, age, relationship** |

Religious Preference / Denominational Affiliation: **(Christian / Baptist, COGIC, AME, etc.)**

Church Membership? **Yes or No (If yes, name of church)**

Have you all, as a family unit, ever received counseling in the past?

If yes, when, where, and with whom?

If yes, what were the results of that counseling relationship?

Have you or anyone in this immediate family ever been diagnosed with a mental health disorder? **If yes, explain:**

Have you or anyone in this immediate family ever been admitted to a mental health treatment facility? **If yes, when and where?**

Have you or anyone in this immediate family ever received help for drug and or alcohol dependency?

If yes, explain who received help and the drug(s) of choice and explain the outcome and or treatment plan?

If yes, explain in detail how the addiction affected the family (if at all)?

Do you or anyone in this immediate family have any physical or psychological problems that you are currently under a Physician’s care for right now?

**Current Issues facing This Family**

Why are you and your immediate family seeking help now? **Explain, in detail, the current issues facing this immediate family**

What would you like to see happen as a result of this counseling experience? **What are your counseling goals?**

**Typing your name here will serve as your signature**

**Person 2 Person 2 Person 1: Person 1: Person 1 Person 1**: Type your name and today’s date.

**Person 2 Person 2 Person 1: Person 1: Person 1**

**Typing your name here will serve as your signature**

**Person 2 Person 2 Person 1: Person 1: Person 1 Person 2**: Type your name and today’s date