Family Therapy Intake Form

Date: _____

Primary Contact/Responsible Party:

1. **Full Name**: _____
2. **Relationship to family**: _____
3. **Preferred contact method**: _____
4. **Address**: _____
5. **Phone Number**: _____
6. **Email Address**: _____
7. **Emergency Contact Name**: _____
8. **Emergency Contact Phone Number**: _____

Family Members Participating in Therapy:

Name:	Age:	Relationship:	Occupation/school	Lives in Household? (Y/N)

Presenting Concerns:

1. **What brings your family to therapy at this time?**

2. **When did the problem(s) begin?**

3. **Have there been previous attempts to resolve this? If so, how?**

4. **What are your goals for family therapy?**

Family Dynamics & History

1. Describe communication styles in family:

2. How are conflicts typically handled?

3. Are there any significant changes or stressors (e.g., Divorce, move, illness)?

4. Any history of trauma, abuse or neglect in family?

Mental Health & Medical History

1. Any family history of mental health issues?

2. Current or past medical or mental health diagnosis for any family members?

3. Any family members taking medications? If yes, please specify.

5. Has anyone in the family received therapy before? When and for what?

Safety Concerns:

Any current concerns about:

- Self-harm or suicide: Yes No
- Harm to others: Yes No
- Domestic violence: Yes No
- Substance use/abuse: Yes No

Please explain any "Yes" answers:

Cultural & Spiritual Background:

1. How would you describe your family's cultural or ethnic background?

2. Do religious or spiritual beliefs play a role in your family life?

Additional Information:

Is there anything else you would like your therapist to know before starting therapy?

Informed Consent

By signing this form, I consent to receive therapy services and understand that all information provided will be kept confidential, with exceptions as outlined in the therapist's confidentiality policy.

Signature of Primary Contact/Guardian: _____

Date: _____