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FAMILY INTAKE FORM

PRIMARY CLIENT INFORMATION (child or adolescent receiving counseling)

Today's Date:__________

Full Name:____

Birthdate:___________ Age:______ Gender:__________

Address:____

City:________________________________ State:______ Zip:_____________

Telephone: Home:_________________ Cell:__________________ Work:_________________

Email:____

May I leave a message for you at home? Yes___ No___ At work? Yes___ No___

If primary client is a child or adolescent, do they live with:
☐ Mother ☐ Father ☐ Both ☐ Other _____________________________

PARENT (OR GUARDIAN) INFORMATION

Full Name:____

Birthdate:___________ Age:______ Gender:__________

Address:____

City:________________________________ State:______ Zip:_____________

Telephone: Home:_________________ Cell:__________________ Work:_________________

Email:____

May I leave a message for you at home? Yes___ No___ At work? Yes___ No___

*** CONTINUE ON BACK OF FORM ***

SPOUSE / PARTNER (OR GUARDIAN) INFORMATION

Full Name:____

Birthdate:__________ Age:_____ Gender:_________

Address:____

City:_____________________________ State:_____ Zip:___________

Telephone: Home:_______________ Cell:________________ Work:_______________

Email:____

May I leave a message for you at home? Yes___ No___ At work? Yes___ No___

ADDITIONAL FAMILY RELATIONS (list others who live with client)

Name:______________________________ Age:____ Gender:____ Relation to Client:____________

Name:______________________________ Age:____ Gender:____ Relation to Client:____________

Name:______________________________ Age:____ Gender:____ Relation to Client:____________

Name:______________________________ Age:____ Gender:____ Relation to Client:____________

Name:______________________________ Age:____ Gender:____ Relation to Client:____________

Name:______________________________ Age:____ Gender:____ Relation to Client:____________

EMERGENCY CONTACT

Name:_______________________________ Relation to client:_________________

Telephone: Home:______________ Cell:______________ Work:______________

Please describe briefly what changes you are hoping to make in coming to counseling now:

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