

Intake Form

Your name _____ Spouse/partner's name _____ Married? y/n
If yes, years married:

Please list children and their ages:

Briefly describe your reasons for coming to therapy:

Briefly describe desired outcomes for therapy:

Please indicate any history or current patterns in the family of the following items: abuse, violence, mental health issues, behavioral problems, learning disabilities, substance abuse, psychotropic medications.

Please rate your current satisfaction with your family relationships (scale from 1-10):

Anything else you would like to make known before the start of therapy: