Counseling
by Penny Haight, M.Ed., LPC-S
817-657-1115
www.counselingbypenny.com

FAMILY INTAKE FORM

1. Parent's Name: _____ DOB: _____
Address (City, State and Zip):_____
Marital Status:_____ Male/Female: _____
Phone: H(____)_____W(____)_____C(____)_____

2. . Parent's Name: _____ DOB: _____
Address (City, State and Zip):_____
Marital Status:_____ Male/Female: _____
Phone: H(____)_____W(____)_____C(____)_____

3. Step Parent(s)/Guardian(s):_____ DOB: _____
Address: _____
City, State and Zip: _____Marital Status:_____ Male/Female:____
Phone: H(___)_____ W(___)_____ C ( )_____

****

Child's Name:_____ Age:_____ DOB: _____

Child's Name:_____ Age:_____ DOB: _____

Child's Name: _____ Age: _____ DOB:_____

History of Problem

Please describe what concerns you have regarding your family.

_____
_____
_____
_____

How long has the problem existed? _____
_____

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Have there been any significant stressors for the family: losses, births, deaths, moves, hospitalizations, financial problems, in the last several years?

_____
_____
_____

What attempts have been made to resolve the difficulties?_____
_____

Please check the symptoms that the family is currently experiencing. Please indicate to which family member you are referring, as well as duration, and severity. Severity of symptom

Mild Moderate Severe 1 2 3

Symptom	Name	How Long	Rate Severity 0-3
Sleep Problems			
Sadness or Depression			
Changes in Appetite			
Weight Change			
Inability to Concentrate			

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Symptom	Name	How Long	Rate Severity 1 2 3
Obsessive Thoughts			
Tension and Anxiety			
Panic Attacks			
Suicidal Thoughts			
Cutting or Self Harm			
Memory Problems			
Compulsive Behaviors			
Feelings of Hostility			
Acts of Violence			
Social Isolation			
Strange Thoughts			
Stomach Aches			

Head Aches			
Bedwetting			
Phobias			
Other			

For Parents who are divorced, please state custody arrangements.

_____

Are there any of the following issues with parents, step parents, or close family members that could affect the family.

Alcohol Abuse

Drug Abuse

Sexual Abuse

Physical Abuse

Neglect

Domestic Violence

Criminal Activity

Legal Issues

If so, please explain how it affects your family.