

Family Therapy Intake Form

Name of Person Filling Out Form: _____

Email Address: _____

Phone Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (MM/DD/YYYY) or current age for each participating family member:

1. Name: _____ Date of Birth: _____
2. Name: _____ Date of Birth: _____
3. Name: _____ Date of Birth: _____
4. Name: _____ Date of Birth: _____
5. Name: _____ Date of Birth: _____
6. Name: _____ Date of Birth: _____
7. Name: _____ Date of Birth: _____

Reason for Interest in Family Therapy (Please check all that apply):

- Communication problems
- Parent-child conflict
- Marital/Partner conflict
- Blended family issues
- Grief/Loss
- Trauma
- Behavioral problems

Other: _____

Please briefly describe the reason for your interest in family therapy:

Is there any additional information you would like me to know?

Thank you for completing this intake form Today's Date: _____

Jody Weiner Davis, MA, MSW,LCSW,DCSW,LMFT