



44444 Mound Road, Suite 620, Sterling Heights, MI 48314
Phone: 586.859.0030

Family Therapy Intake Form

GENERAL INFORMATION

Today's Date: _____

First Name:	Middle initial:	Last Name:	Co-Parent Name:
Birthdate:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address:		City:	State: Zip:
Home Phone:		May we leave a message <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone:		May we leave a message <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:			
*Please note: Email correspondence is not considered to be a confidential medium of communication.			
How did you hear about Mind and Spirit Counseling:			

Emergency Contact:

Name: _____ Relationship: _____ Phone#: _____

Place of Employment: _____

Title: _____ Duration of Employment _____

Who lives in your home: (Parents, stepparents, children, siblings, stepsiblings)

Name	Age	Relationship	Sex

Please provide any additional information about family and children's needs here: _____

Explain the reason that you decided to come to family therapy: _____

Family members living outside your home: (Parents, stepparents, children, siblings, stepsiblings)

Name	Age	Relationship	Sex

Please provide any additional information about Non-shared family members here: _____

Is there custody orders for shared children? _____ **If yes please explain:** _____

Is there CPS involvement? _____ **If yes please explain:** _____

Names of Any Legal Professionals You Have Engaged for Legal Services:

Name of professional: _____

Address: _____

Phone Number: _____

Name of professional: _____

Address: _____

Phone Number: _____

Name of additional or past therapists or professionals (If Applicable): _____

Is there a Judge is assigned to your case? _____

List any professionals from Friend of the Court you are working with: _____

Additional information that will help the therapeutic process: _____



44444 Mound Road, Suite 620, Sterling Heights, MI 48314
Phone: 586.859.0030

What do you hope to accomplish through family counseling? _____

What have you already done to deal with the difficulties? _____

What do you consider to be your family's biggest strengths? _____

What do you consider to be some of your family's weaknesses? _____

Is there anything else you feel we should know, or that you are concerned about? _____

Signature of person completing form: _____

Printed Name: _____

Date: _____

Therapist/Coordinator Signature: _____ Date: _____