



STICKS & STONES

THERAPEUTIC SERVICES

Family Therapy

Intake form

Your information

Intake Date

Name

Date of Birth

First Name

Last Name

Date

Phone Number

Email

Please enter a valid phone number.

example@example.com

Address

Street Address

City

State / Province

Postal Code

Can we leave a message on the contact details you have provided?

Yes

No

Who referred you to us? (e.g. Friend, GP, Another counsellor, Google etc)

Others Attending Family Therapy

Please fill out information for each person that will be attending family therapy. Please indicate your relationship with this person (e.g. partner, son, step-child, grandmother ect) and if they live with you or somewhere else. Please supply contact information for each person if they consent to it being provided.

	Full Name	Date of Birth	Relationship	Do they live with you?	Contact information
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					

Is there anyone else (not listed above) currently living with you? Please outline below

Family Therapy Information

Please tell us what prompted you to seek family therapy?

What are your aims for family therapy?

- | | |
|--|---|
| <input type="checkbox"/> Improve communication | <input type="checkbox"/> Conflict resolution |
| <input type="checkbox"/> Parenting skills | <input type="checkbox"/> Problem solving |
| <input type="checkbox"/> More emotional safety | <input type="checkbox"/> More physical safety |
| <input type="checkbox"/> More quality time together | <input type="checkbox"/> Resolve individual issues |
| <input type="checkbox"/> More autonomy | <input type="checkbox"/> More respect/understanding |
| <input type="checkbox"/> Power and control issues | <input type="checkbox"/> More hobbies |
| <input type="checkbox"/> Less harsh discipline | <input type="checkbox"/> More sharing of the chores |
| <input type="checkbox"/> Help for children's behaviour | <input type="checkbox"/> Other (specify below) |

Other:

What have you already tried to address these issues?

Have you, or anybody else in the family, had any previous counselling? Please outline below

Please describe any current significant or stressful life events that you, or anyone else in the family, have been experiencing (e.g. Economic problems, Difficulty accessing health care, Legal issues or crime, Cultural issues, Family conflict or lack of support, Social problems, Educational or occupational difficulties, Housing problems, Grief or bereavement etc)

Is your family at risk for splitting up? If yes or unsure, please describe

Have you, or anyone else in the family, been diagnosed with a mental or physical problem? Please outline below

Does anyone in your family drink alcohol or take drugs to intoxication? If yes, who, how often and what drug/alcohol?

Has anyone in your family physically restrained, harmed, or injured the other person? If yes, please explain who was involved, what happened and when it happened

Do you perceive that anyone in your family has withdrawn or given up trying to work things out? If yes, who?

What are your family or household rules?

If there is anything else you would like to mention, please do so below