

Family Therapy Intake Form

Client Information	
Client 1's Name:	Date of Birth:
Contact Number:	Email Address:
Client 2's Name:	Date of Birth:
Contact Number:	Email Address:
Address:	
Insurance Information	
Insurance Company:	Policy Number:
Emergency Contact	
Name:	Relationship:
Contact Number:	Email Address:
Family Composition	
Child's Name	Date of Birth
Reason for Therapy	

History of Presenting Concerns**Family History**

Family Background:

Family Dynamics:

Previous Therapy and Treatment

Previous Therapies:

Current Medications:

Expectations**Considerations**

Consent for Treatment

I/We, the undersigned, hereby give my/our informed consent for family therapy services provided by _____ at _____. I/We understand that the purpose of these services is to address and explore the concerns presented during therapy sessions.

Client 1's Signature:



Date:

Client 2's Signature:



Date:

Therapist's Signature:



Date: