

Intake For Family Counseling

This questionnaire will help me best understand your current difficulties as well as your past history. Please fill out this questionnaire to the best of your ability before your intake appointment and bring it with you. Read the questions carefully and answer them as fully as possible (use the reverse side of the paper if necessary). If there are questions that you don't understand, please mark them with a star (*) and we will review them with you at the intake appointment. Many of the questions are designated parent A and Parent A...please be consistent. One of you should complete as A; and the other as B.

Personal Information

Date: _____

Name (or Parent A) _____

Date of Birth: _____ Age: _____

Spouse (or parent B) _____

Date of Birth: _____ Age: _____

Children	Name(s)	Age	Parents: of A	of B	Ages:
1		Age			
2		Age			
3		Age			
			Siblings:		Ages:

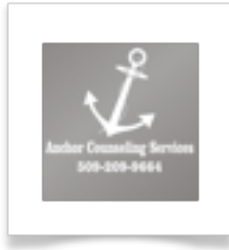
Home address: _____ Zip code _____

Telephone # (Self): _____ (H) _____ (W) _____ (C)

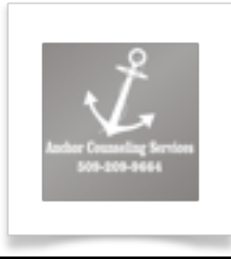
Telephone # (parent B) _____ (H) _____ (W) _____ (C)

Email A _____

Email B _____



	Client A	Client B or spouse	Children
Highest Level of Education Completed			
Degrees/Diplomas			
Current Occupation Past “ “			
Any diagnosed learning difficulties? If so in what subjects?			
Any psychological or psychiatric problem for which treatment was received?			
Any Attention Deficit Disorder (with or without Hyperactivity?)			
Social/Behavioral/Health problems?			
significant medical history for you, your spouse, or your family?			



The following table is designed to assess your and your spouse's ability to relate to others. Circle all that apply.

Self/ Spouse / child 1 2 3 Difficulty relating to others?

Please circle all that are applicable.

- Self /Spouse / child 1 2 3 Verbally argue a lot with others?
Self /Spouse / child 1 2 3 Difficulty making friends?
Self /Spouse / child 1 2 3 Difficulty maintaining friendships?
Self /Spouse / child 1 2 3 Have at least one good friend?
Self /Spouse / child 1 2 3 Invited over to friend's houses?
Self /Spouse / child 1 2 3 Invite others to own house?
Self /Spouse / child 1 2 3 Have a small group of good friends?
Self /Spouse / child 1 2 3 Prefer to be alone?
Self /Spouse / child 1 2 3 Have difficulty with the non-verbal rules of social interaction (e.g. turn taking, how close to stand to others)

Y/N Do you like your partner's friends?

Add any comments about your social circumstances that are relevant:

What time do you go to bed? (A) (B) What time do you get up (A) (B)

Is your sleep consistent? (A) Y__N__ (B) Y__N__

Concerned that you don't get enough sleep? (A) Y__N__ (B) Y__N__

Do you suffer from poor sleep quality? (A) Y__N__ (B) Y__N__

Alcohol use

A: Never Occasionly (1x/week or less) 2-4x/week Daily

B: Never Occasionly (1x/week or less) 2-4x/week Daily

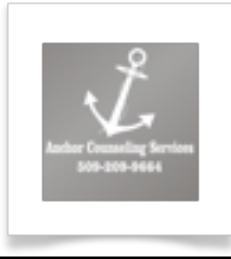
Drug use

A: Never Occasionly (1x/week or less) 2-4x/week Daily

B: Never Occasionly (1x/week or less) 2-4x/week Daily

List all drugs you have tried

A
B



Please describe any major family stressors that may have impacted you in the past or that may impact you now:

Are there any particularly traumatic or troubling events which have happened in your life which I should know about in order to understand you better? (please give details, include incidents you feel were traumatic even though they might not have been for someone else)

Have you ever witnessed violence inside or outside of the home? Yes____ No____

Has your partner ever witnessed violence inside or outside of the home? Yes____ No____

Have either of you ever had psychological counseling or therapy? ____ No ____ Yes

If Yes, please give details below:

Self (A) Psychiatric Diagnosis (Past and Present)

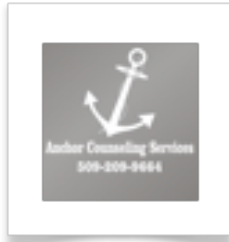
Current Medications

(B) Psychiatric Diagnoses (Past and Present)

Current Medications

Therapist Name Address Phone Number Dates of treatment

Please list the names, addresses, and telephone numbers of any other professionals consulted. (This does not give me permission to contact them, and they will only be contacted with your written consent.)



What problems or questions have caused you to seek help at this time?

What changes do you hope will result from seeking psychological services?

Is there any additional information or anything that you feel is pertinent to know that has not been covered in this questionnaire?

Do you and your partner agree about the difficulties? Y__N__

Do you both want to obtain help? Y__N__

Who referred you to Anchor Counseling Services Spokane? May I thank them?