



Green Counseling Services

Promoting Strength, Health, and Resilience

Family Therapy Intake Form

Welcome to Green Counseling Services. We are honored that you chose our practice. Please do your best to take time to fill this form out before your intake session with your family therapist. This information helps your therapist prepare for sessions and understand more of your family system and relationship dynamics. The Mental Health Intake packet must still be completed, however, only the person who is listed as the primary client for insurance purposes must complete that packet.

Date of services: _____

Your name: _____

Your date of birth: _____

Your gender identity:

- Male
- Female
- Non-Binary
- Other: _____

Your preferred pronouns: _____

Name of other family member(s), genders, pronouns, and ages: _____

Please indicate who all lives with you: _____

Relationship status (if you are a parent/caregiver):

- Married
- Separated/Divorced
- Never married
- Widowed
- Remarried
- Other: _____

Please indicate the languages you and/or your family speak (check all that apply):

- English
- Spanish
- Other: _____

Does anyone in the family use substances? If so, please indicate substances below (check all that apply):

- Alcohol
- Cocaine
- Ecstasy
- Heroin
- LSD/Hallucinogens
- Marijuana
- Methamphetamine
- Methadone
- Nicotine/Vaping
- Painkillers (not as prescribed)
- Stimulants (not as prescribed)
- Tranquilizers/sleeping pills
- Other: _____

Name of Other Therapist(s) and Contact Information: _____

Do you consent to your family therapist reaching out to your therapist(s) to collaborate?

- Yes, I consent for my family therapist to collaborate with my individual therapist(s).
- No, I do not consent.

Please describe why you are seeking family therapy: _____

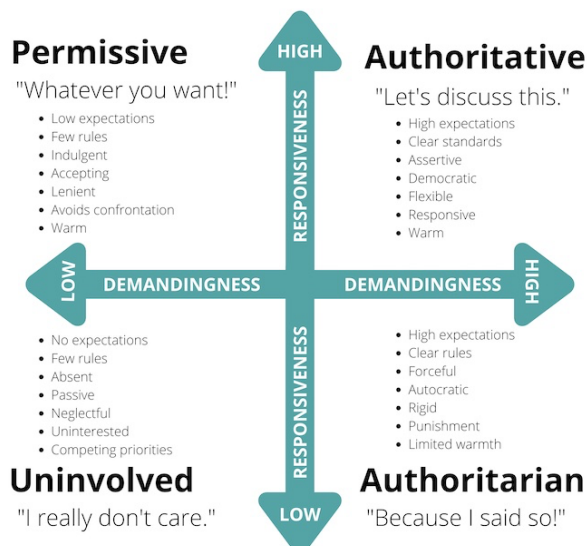
What are the top 3 goals you would like to address in family therapy:

1. _____
2. _____
3. _____

Describe the coping skills that are used for emotional regulation in your home: _____

Describe the support networks outside of the family (i.e. school, extended family, church, community, etc.):

From your perception, which of the 4 Parenting Styles (Baumrind, Maccoby & Martin, 1983) below is used most in your home?



What are the rules/expectations in the family home and/or the family relationship? _____

How does your family spend quality time/connect with each other? _____

How satisfied are you with your connection/closeness with your family members (*mark only one*)?

- Very satisfied
- Slightly satisfied
- Neither satisfied nor dissatisfied
- Slightly dissatisfied
- Very dissatisfied

What are 3 things family members could do to improve connection?

1. _____
2. _____
3. _____

What are 3 things you could do to improve connection?

1. _____
2. _____
3. _____

Describe a time when you have felt the most connected with your family members: _____

What are 3 lessons you have learned from your family?

1. _____

2. _____

3. _____

What have you and/or your family tried to move towards these goals?

How would you describe your family's values?

How would you describe your own values?
