FAMILY TIES
COUNSELING

Intake Form

All information contained in this document is strictly confidential.

Date:_____

Name:_____

Date of Birth:_____ Age:_____ Gender: Male___ Female___

Marital Status: Single___ Married___ Separated___ Divorced___

How long? _____ Number of Marriages _____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ May I leave a message? Yes___ No___

Email Address:_____

Occupation:_____ Employer:_____

Work Phone:_____ May I contact you here? Yes___ No___

Education Completed:_____ Religion:_____

In case of an emergency, who should I contact first?

Name:_____

Relationship to you:_____ Phone Number:_____

In case of an emergency, who should I contact next?

Name:_____

Relationship to you:_____ Phone Number:_____

59015 Amber St.
Suite A-3
Slidell, LA 70461

PHONE Kelli Busbee - 985.640.0773
Amanda Vigreux - 985.707.8878
EMAIL Kelli@FamilyTiesCounseling.com
WEBSITE www.FamilyTiesCounseling.com

What brings you in today?

- Depression
- Stress
- Issues in the Marriage
- Issues in the Family
- Anxiety
- Issues at Work
- Abuse
- Self-Harm
- Suicide Attempts
- Children
- Addiction
- _____
- _____
- _____

Do you have suicidal thoughts or thoughts about hurting yourself?
Yes___ No___

Do you have thoughts about hurting other people? Yes___ No___

Have you been to any therapists, psychologists, or psychiatrists in the past? If so, please list name(s) and reason(s) why. _____

_____

Are you currently taking any medications? If so, please list below.

Medication Dosage

_____

_____

_____

_____

Family

Spouse's Name: _____ Date Married:_____

Date of Birth:_____ Age:_____ Gender: Male___ Female___

Address: _____

City:_____ State:_____ Zip:_____

Phone:_____ May I leave a message? Yes___ No___

Email Address:_____

Occupation:_____ Employer:_____

Work Phone:_____ May I contact you here? Yes___ No___

Education Completed:_____ Religion:_____

Child's Name: _____

Date of Birth:_____ Age:_____ Gender: Male___ Female___

School:_____ Grade:_____ Lives with:_____

Child's Name: _____

Date of Birth:_____ Age:_____ Gender: Male___ Female___

School:_____ Grade:_____ Lives with:_____

Child's Name: _____

Date of Birth:_____ Age:_____ Gender: Male___ Female___

School:_____ Grade:_____ Lives with:_____

Are you currently in an ongoing custody dispute? Yes___ No___

Are you currently in any type of lawsuit or litigation? Yes___ No___

Is there anything else you would like to add, that may be helpful for me to know?

_____

_____

_____

_____

How did you hear about Family Ties Counseling?

_____

Signature of person completing form: _____

Date: _____

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