

**INTAKE FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your answers to the following questions will help us better understand you. Please print or write neatly.

A. What are some issues you want to work on with your counselor?

B. How long have you been dealing with this concern?

C. What do you hope to see being better or different after treatment?

D. How would you describe your childhood in ONE WORD?

E. On an average day, how do you spend most of your time?

F. How do you get along with your family?

Father/Parent1 ( ) good ( ) fair ( ) poor

Step-Father/Parent1 ( ) good ( ) fair ( ) poor

Mother/Parent2 ( ) good ( ) fair ( ) poor

Step-Mother/Parent2 ( ) good ( ) fair ( ) poor

Brothers ( ) good ( ) fair ( ) poor

Step-Brothers ( ) good ( ) fair ( ) poor

Sisters ( ) good ( ) fair ( ) poor

Step-Sisters ( ) good ( ) fair ( ) poor