The Family Therapy Institute of Santa Barbara
Confidential Intake Form

Please use the back of this form if you need additional space

Today's Date _____

_____ _____ _____
Name (Adult or Parent) Date of Birth Occupation

_____ _____ _____
Your Spouse or Partner Date of Birth Occupation
(or Parent/Guardian of Minor)

_____
Home Address City Zip Code

Telephone Numbers: _____
Day Night Cell or Emergency

Email Address: _____

Do you have health insurance? Yes/No Name of Company:

Children (oldest to youngest)

Name	Gender	Date of birth	Age	Name of School	Grade

Is anyone else living in your house? If yes, give names and explain: _____
_____

Are any family members involved in counseling now? Yes/No (circle) In the past? Yes/No
If yes, please explain:_____

Reason for today's visit: _____
_____

Do you or a family member have any currently diagnosed medical problems (e.g. infections, diseases, chronic pain, high blood pressure)? yes/no (circle) Explain: _____
_____

Are you currently taking any medications? Please describe: _____

Is anyone else in the family taking any medications? Please describe: _____
_____

Who is your family physician: _____

What is the approximate date of your last physical? _____

How did you hear about FTI? _____

Have you been in counseling before? _____

Family Annual Income: under 25,000____ $25-50,000___ $50-80,000___ $80-120,000___Over $120,000 ___
(Please check one) Number of People In Household:_____