

# 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/Guardian of minor)      Date of Birth      Occupation

\_\_\_\_\_  
Your Spouse/Partner      Date of Birth      Occupation

\_\_\_\_\_  
Home Address      City      Zip Code

Telephone Numbers: \_\_\_\_\_  
   Cell      Other      Emergency Contact Name & Number

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 you are seeking help: \_\_\_\_\_  
\_\_\_\_\_

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 or anyone else in the family currently taking any medications or supplements? Please describe: \_\_\_\_\_  
\_\_\_\_\_

Who is your family physician? \_\_\_\_\_

Who referred you to FTI? \_\_\_\_\_

Describe any current or previous counseling: \_\_\_\_\_

Family Annual Income (check one): under 25,000 \_\_\_ \$25-50,000 \_\_\_ \$50-80,000 \_\_\_ \$80-120,000 \_\_\_ Over \$120,000 \_\_\_  
Number of People In Household: \_\_\_\_\_