

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 Preferred Pronoun

Your Spouse/Partner Date of Birth Occupation Preferred Pronoun

Home Address City Zip Code

Telephone Numbers: _____
 Cell Other Emergency Contact Name & Number

Email Address: _____ Check to receive FTI's blog and occasional updates

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

Children (oldest to youngest)	Preferred						
Name	Gender	Pronoun	Date of birth	Age	School	Grade	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

Describe any current or previous counseling: _____

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? _____

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: _____