## The Family Therapy Institute of Santa Barbara Confidential Intake Form

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	ome Address		ty	Zip C	ode
Telephone Numbers: _	Cell		Other	Emergency Contact Name & Numbe	
Email Address:			☐ Chec	ck to receive FTI'	s blog and occasional update
Do you have health ins (Chec	urance? k one)	Yes No	Name of Compar	y:	
Children (oldest to you Name		Preferred Pronoun	Date of birth	Age	School Grade
Is anyone else living in  Describe any current or					
Reason you are seeking	g help:				
Do you or a family men	•	•		, 6	ions, diseases, chronic pain,
Are you or anyone else	in the family cu	ırrently tal	king any medications	or supplements? I	Please describe:
Who is your family phy	ysician?				
Who referred you to F	TI?				
Family Annual Income (converge)	•	5,000	\$25-50,000\$50-80	\$80-120,0	00Over \$120,000