

ERENE SOLIMAN, PSY.D.

Licensed Psychologist, PSY 23162

Family Intake Form

Family Information Please list those who will be present for counseling

Father's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

It is customary Refuge practice to mail a letter of termination at the end of treatment. If the above is not a safe or preferred mailing address for you to receive mail at, please provide an alternate mailing address here:

Email: _____

Method of contact: Phone or Email (circle one)

Age: _____ Gender: _____ DOB: _____ Religious Affiliation: _____

Employer: _____ Occupation: _____

Marital Status: Single Engaged Married (____years married) Separated Divorced (circle one)

Mother's Name: _____ Phone: _____

Address: Same as above _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Method of contact: Phone or Email (circle one)

Age: _____ Gender: _____ DOB: _____ Religious Affiliation: _____

Employer: _____ Occupation: _____

Marital Status: Single Engaged Married (____years married) Separated Divorced (circle one)

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Children:

Name

Age

*If children are stepsiblings or partial siblings please indicate next to their name

Mental Health: Has anyone in the immediate family currently or historically been suicidal? Yes No

If yes, who and when? _____

Has anyone in the immediate family been hospitalized for mental health related issues? Yes No

If yes, who and when? _____

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Suite 500
Fresno, CA, 93704
esolimanpsychservices.com
559 449-2734
559 449-2733

Is anyone in the immediate family currently receiving counseling services with another professional?

Yes No If yes, who and for how

long? _____

Reasons for Seeking Family Counseling:

How would you know that your time in therapy has been successful? What would look different in your family? _____

List some strengths in your family: _____

List some weaknesses in your family: _____

How does your family deal with conflict? _____

How does your family celebrate/play together? _____

What are things that your family does together on a regular (weekly) basis? _____

How does your family deal with major life events (i.e. weddings, deaths, life threatening illnesses, job loss)? _____

Has anyone in the family ever struck, physically restrained, used violence against, or injured any person within the family? Yes No If yes, please explain:

Referred by: _____

Therapist Church Physician Agency Friend Internet Emergency Contact Name:

_____ Relationship: _____
_____ Phone Number: _____ Client

Signature: _____ Date: _____ Client

Signature: _____ Date: _____