Erene Soliman Psychologist, Inc.
Licensed Psychologist, PSY23162

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?_____

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Fresno, CA 93704
(559) 449-2734
(559) 449-2733
esolimanpsychservices.com

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

If yes, who and when?_____

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: _____