



## Ferren Family Counseling LLC

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<http://www.FerrenFamilyCounseling.com>

### Family Intake Form

**Please provide the following information about your family.**

Please note, this inventory is designed for families with minor children living in the home.

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

#### Caregiver #1

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ SSN: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

#### Caregiver #2

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ SSN: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

#### Child #1

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Race/Ethnicity: \_\_\_\_ School Grade: \_\_\_\_

#### Child #2

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Race/Ethnicity: \_\_\_\_ School Grade: \_\_\_\_

#### Child #3/ Other Person In Home:

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Race/Ethnicity: \_\_\_\_ School Grade: \_\_\_\_

Referred by (if any): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ May we leave a message?  Yes  No  
Cell/Other Phone: \_\_\_\_\_ May we leave a message?  Yes  No  
E-mail: \_\_\_\_\_ May we email you?  Yes  No

Insurance: \_\_\_\_\_  
ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

**Presenting Problem:**

What is the main concern that brings you to therapy?

\_\_\_\_\_  
\_\_\_\_\_

How long has this been a concern?

\_\_\_\_\_  
\_\_\_\_\_

What have you already tried to address the problem? Has anything been helpful so far?

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to get from therapy?

\_\_\_\_\_  
\_\_\_\_\_

**Psychiatric and Medical History:**

Is there any history of trauma or upsetting life events (such as abuse, life threatening accidents or medical concerns, family conflict, bullying, divorce, death or loss of loved ones, or natural disasters)? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Have any family members received psychotherapy or counseling before?

\_\_\_\_\_  
\_\_\_\_\_

Have any family members been given a previous psychological diagnosis? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Is any family member currently taking any medications for emotional or behavioral reasons?  
If yes, please list name of medication, dosage, and reason prescribed.

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Has any family member ever been hospitalized for emotional or behavioral concerns?  
If yes, please describe reason and provide name of hospital.

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Is there any use of drugs or alcohol by family members?

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Please describe any current medical concerns for family members:

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Are you aware of any sensory processing issues for family members?

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**Developmental, Social, and Educational History of Children:**

During pregnancy, was there any use of drugs/alcohol, exposure to domestic violence, major illnesses/accidents, or significant stressors?

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Were there any delays in reaching early developmental milestones, such as walking, speech, or toilet training?

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Do you have any concerns regarding your children's social relationships?

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Do you have any concerns regarding educational issues for your children (e.g., poor grades, learning disorder, behavior problems)?

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**Family Information:**

Primary caregivers' relationship status:

- Married
- Single
- Engaged
- Living together
- Partnered, living separate
- Separated
- Divorced
- Widowed

Other immediate family members that live outside of the home (i.e., parents or siblings):

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Are there extended family members or others that you consider part of your family's support system?

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Family religious/spiritual identification:

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Please describe your parenting and discipline style. How do you address discipline concerns with your children?

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What do you consider to be your family strengths?

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What do you feel that you need to improve or change as a family?

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Is there any history of CPS/Department of Child Services involvement, including abuse/neglect reports, investigations, or removal of children from home? If yes, please describe.

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Have any of your children ever lived in another family situation (e.g., foster family, other caregivers, grandparent or kinship care, group home or residential placement)? If yes, please describe.

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Please share about any past and current stressors and major life changes that have impacted your family?

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**Additional Information:**

Is there any other information that I should know regarding your family?

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-Thank you for providing this important information-

### Agreement for Confidentiality of Individual/ Couples/ Family Therapy

I understand that it is the Clinician's role to provide therapeutic services so that I might feel better and/or improve my functioning, especially as it relates to my family. Clinician's role is not intended to gather information for the courts or to make judgments related to my family.

Therefore, I agree that I will not call upon Clinician to provide treatment records or to testify in a future divorce/separation or custody action. I understand that courts can appoint professionals who have had no prior contact with my family to conduct independent evaluations and make recommendations to the court.

I understand that it is Clinician's policy to have no court involvement in my case because that could harm our professional relationship and the ability to achieve my goals. My goals include resolving personal concerns so that I might preserve my marriage/ partnership and/or be a better parent. Since I need to speak freely, my spouse/ partner is also agreeing never to ask Clinician to testify or have her records of my treatment in court.

By signing this form, we are both agreeing not to use any of my therapeutic intervention records or testimony in any future court proceedings.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_