The Family Therapy Institute of Santa Barbara
Confidential Intake Form

Please print this out and bring with you to your first appointment.

Today's Date _____

_____ _____ _____ _____
Name (Adult or Parent) date of birth occupation ss#

_____ _____ _____ _____
Your spouse or partner date of birth occupation ss#
(or Parent/Guardian of minor)

_____
Home Address City zip code

_____

Telephone numbers: _____
day night cell or emergency

Do you have health insurance? yes/no Name:

Children (oldest to youngest)
Name sex date of birth age grade in school_____
_____
_____
_____
_____

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

Are any family members involved in counseling now? yes/no (circle) In the past? yes/no
If yes, please explain:_____
_____
Reason for today's visit: _____
_____

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 currently taking any medications? Please describe: _____
Is anyone else in the family taking any medications? Please describe: _____
_____
Who is your family physician: _____
What is the approximate date of your last physical? _____

How did you hear about FTI ? _____
Have you been in counseling before? _____

Family annual income: under 20,000____ $20-40,000___ $40-60,000___ $60-80,000___Over $80 ___
(please check one)