

Davis Affordable Professional Counseling

Dezaree Finch, Master of Science in Marriage, Family, and Child Counseling
Licensed Marriage and Family Therapist, #86256
Office: 1260 Lake Blvd, Suite 201, Davis, Ca 95616
Mailing: P.O. Box 4528, Davis, CA 95617
Phone: 530-848-1561, Email: dezareecounsels@dezareefinch.com

FAMILY INTAKE

Please fill out the following intake information as completely as possible. Thank you.

Date: _____

Parent's Full Name: _____

Birth date: _____ Age: _____ Birth date: _____ Age: _____

Single Married Date _____ Divorced Date _____ Widowed Date _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Parent 1 Home Phone: _____ Cell: _____ Work: _____

Parent 2 Home Phone: _____ Cell: _____ Work: _____

Parent 1 Employment Position and Place: _____

Parent 2 Employment Position and Place: _____

Children: Full Name Age D.O.B Living at home? (Y/N) School Name & Location

1. _____

2. _____

3. _____

4. _____

5. _____

Emergency Contact for child(ren) other than the parent(s)(Name, Phone, Relationship): _____

How were you referred to me/us? _____

Child(ren's) Doctor/Hospital Name: _____ Phone: _____

Child(ren's) Current Prescribed/Over the Counter Medications and Recreational Drug Use:

Child Name: _____ Drug Name: _____ Amount: _____

Taking For: _____

Child Name: _____ Drug Name: _____ Amount: _____

Taking For: _____

Child Name: _____ Drug Name: _____ Amount: _____

Taking For: _____

Child Name: _____ Drug Name: _____ Amount: _____

Taking For: _____

Suppose when you go to sleep tonight a miracle happens and the challenge in the family is solved. When you wake up in the morning how will you know that a miracle has occurred? What would be different?:

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Previous Counseling: (Who? When? How long? Outcome?): _____

What ethnic cultural background does the family associate with?: _____

Does the family have any religious and/or spiritual beliefs?: _____

Does anyone in the family have any known mental challenges? Any treatment?: _____

How much sleep does each family member average per night? _____

Has anyone in the family ever used any kinds of drugs, including alcohol?:

Any current use by any family members?: _____

What was the parent's relationship like with their family growing up?: _____

Was there any violence: physical, emotional, sexual, and psychological abuse that has happened with anyone in the family?:

Has anyone in the family attempted to kill themselves or harm themselves in anyway? Any current thoughts or attempts?:

Has anyone in the family been in any situation that resulted in their arrest or conviction for a crime?: _____

Has your child had a recent medical and dental evaluation? Were there any problems indicated? Any past problems in his/her past medical and dental history?: _____

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Does anyone in the family see or hear things that other people do not see or hear?: _____

Has anyone died who was close to your child(ren) and/or has your child(ren) ever had to leave someone they were close with?: _____

Have there been any moves (home location) since your child(ren) has been born? If so, how many? What were the circumstances?:

Has your child(ren) been involved with Child Protective Services and/or Probation in the past or currently?:

Has your child(ren) ever been a victim of a crime? (ex. Molestation, rape, physical violence, etc.)?: _____

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Listed below are a variety of descriptors, thoughts, and behaviors that may describe yourself, your family, and/or your child(ren). Read each sentence or question, and indicate how well that sentence or question describes you and/or your child(ren) by circling either “true”, “false”, or “Sometimes”. There are no right or wrong answers to these questions and your responses help me better understand your family and meet your family’s needs.

Please note: EACH PARENT WILL NEED TO FILL OUT THEIR OWN ANSWERS TO THESE NEXT QUESTIONS.

Parent Name: _____

1. I feel overwhelmed with responsibilities.

True False Sometimes

Comments (optional): _____

2. I feel depressed and/or just really unhappy.

True False Sometimes

Comments (optional): _____

3. I have some medical challenges that are a concern to me and my family.

True False Sometimes

Comments (optional): _____

4. I exercise on a regular basis (3x’s week or more for 30 min or more).

True False Sometimes

Comments (optional): _____

5. I recently experienced a life changing event (e.g. loss of job, start of new job, death of a significant person or pet, divorce, separation, start of school, etc.)

True False

Comments (optional): _____

6. My partner and I do not communicate very well.

True False Sometimes

Comments (optional): _____

7. My partner and I do not agree on how to parent our children (e.g. rules, discipline, rewards, etc.).

True False Sometimes

Comments (optional): _____

8. I get enough sleep per night.

True False Sometimes

Comments (optional): _____

9. There are things that have been said or done in my partner and I’s relationship that make it difficult for me to be fully engaged and/or happy with him/her a lot of the time.

True False Sometimes

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Comments (optional): _____

10. My partner and I make sure not to argue in front of the children.

True False Sometimes

Comments (optional): _____

11. I feel anxious and/or just really stressed.

True False Sometimes

Comments (optional): _____

12. I feel like I have no support and I am alone.

True False Sometimes

Comments (optional): _____

13. My child is the cause of most our family problems.

True False Sometimes

Comments (optional): _____

14. I praise my child's positive behaviors far more times than I correct him/her for negative behaviors.

True False Sometimes

Comments (optional): _____

15. When I am with my child, I'm usually doing other things at the same time (e.g. cleaning, running errands, cooking, shopping, checking messages etc.).

True False Sometimes

Comments (optional): _____

16. I allow my child to get his/her way because he/she is so difficult and belligerent.

True False Sometimes

Comments (optional): _____

17. I have to yell, threaten, and so forth to get my child to do anything.

True False Sometimes

Comments (optional): _____

18. My partner and I are inconsistent in disciplining approaches.

True False Sometimes

Comments (optional): _____

19. I spank my child.

True False Sometimes

Comments (optional): _____

20. I do not hear from my child about his/her troubles.

True False Sometimes

Comments (optional): _____

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21. Overall, my partner and I have a good relationship. There are just one or two things that bother me about my partner and/or about our relationship.

True False

Please explain (only if you marked "true"): _____

How you can help your child in therapy:

“...First, be clear in your mind about your goals. Work to develop realistic expectations. Therapists don’t “fix” children or families. They don’t make problems magically disappear overnight. Good therapists help children and families reflect upon their own motivations and behaviors. And they help people learn to cope with and solve their own problems. During an interview, Connor Walters, Ph.D., certified Family Life Educator and former Marriage and Family Therapist, described therapy with an enlightening metaphor. She says that just as a house needs scaffolding to remain stable during construction, families benefit from the support of a therapist when working to create a stable home life. In therapy, Walters says, it’s the child and family who must do the real work of construction. The therapist provides the setting and guidance so that family dynamics, such as attitudes, motivations, relationships, and behaviors can be discussed constructively. If your child requires counseling services, there’s a lot parents can do to help make the experience successful. I list some ways below. I hope they help both you and your child. When stress is overwhelming, therapy isn’t the easy way out; but it is a wise one:

- Maintain a hopeful, positive attitude about the therapy process and possible outcomes. Express trust and confidence that the therapist will help your child.
- As applicable, encourage involved family members to be positive about therapy, too. Never let siblings or other family members tease a child for being in counseling. Verbally stand up for your child if necessary: “I won’t let you hurt your brother/sister’s feelings. She’s brave and smart to be visiting with _____.”
- Convey confidence in your child’s ability to successfully cope. Openly tell them you are proud of them for speaking with someone. Reassure children that you understand it’s hard to talk about uncomfortable feelings or events.
- Avoid treating your child like a helpless victim. Let your child know you believe they are resilient and can handle their emotions. Treating a child like a victim, or encouraging them to gain sympathy by acting like a victim, does not help them learn to manage life constructively.

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- Let children know they have your permission to speak honestly with a counselor. Often children hold back feelings as a way to “protect” parents or family pride. When parents ask children to keep “family secrets,” problems don’t get resolved — just avoided. Buried problems often fester to undermine mental health. Let the sun shine in to promote healing.
- Therapy can be both emotionally and physically draining for kids or adults. To bolster children’s energy, keep family life as predictable and stable as possible. Be sure your child gets the basics of nourishment daily: food/water, exercise, sleep, and time with you.
- Avoid pressuring your child to talk about every detail discussed in counseling. And don’t talk to your child only about “his or her problem.” Too much focus on therapy may lead a child to think his/her “problem” is more important than any other aspect of life. Continue caring about kids’ school work, friends, and participation in athletics. Be prepared to listen when children initiate conversation. Connor Walters encourages parents to build in time every day for spontaneous conversation. You never know when “heart to heart” talks may occur, but they are more likely during quiet calm times when the television or radio is off.
- If the therapist invites you to be part of your child’s counseling sessions, be open to it. Family therapy is a very efficient way of addressing issues that impact everyone; rarely do a child’s struggles occur in isolation.
- Support coping methods the therapist teaches your child. For instance, some therapists encourage children to draw pictures, write a daily journal, or practice relaxation breathing. Avoid scoffing at such methods even if you doubt their value with your particular child...”

— *Karen Stephens is director of Illinois State University Child Care Center and instructor in child development for the ISU Family and Consumer Sciences Department. For nine years she wrote a weekly parenting column in her local newspaper. Karen has authored early care and education books and is a frequent contributor to Exchange*