

NORTHERN VIRGINIA INTEGRATIVE THERAPY CENTER

Family Therapy Questionnaire

If a 2 parent family, both adults in the family complete this form.

Name _____ Date _____

Main Address _____ Zip _____

People in the family:

<u>Name</u>	<u>Member</u> (mother, father, child, etc.)	<u>Age</u>	<u>Residence</u> (main/other residence)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Main Contact Phone Numbers: Home, Work, Cell

Person: _____

Person: _____

Person: _____

Person: _____

Best person/number to contact: _____ May I leave a voice mail? _____

Second best to contact: _____ May I leave a voice mail? _____

Below please share best email contacts:

Who referred you? _____ May I thank them? _____

Head(s) of Household: Occupation & Place of Employment

Other Persons in Home Who Work & Place of Employment:

School Aged Children-Schools Attending:

Do you have pets? Their names?

What is the main reason you are seeking family therapy?

Which family members agree with your perspective on "what" is happening/of concern in your family?

Which family members disagree with your perspective, if any?

Each family has strengths and weaknesses. Please circle S for strength, and W for weakness.

- | | |
|--|---|
| ___ our communication | ___ ability to listen |
| ___ ability to trust | ___ spending time together |
| ___ organization | ___ balance work/family time |
| ___ dealing with money/finances | ___ free of addictions (alcohol, drugs, etc.) |
| ___ sharing responsibility | ___ shared interests |
| ___ being respectful | ___ ability to understand one another |
| ___ shared desire to be with one another | ___ behaviors of care and love |

___ other (please explain) _____

How long have you been experiencing concerns/issues as a family?

Has your received professional help prior to coming here today? If so, when, and for how long? Was it helpful?

Are any family members in individual or couple therapy? Please specify.

Are any family members exhibiting physical or psychological symptoms as a result of the family issues? Who and for how long?

Are any family members under a physician's care or on medication? Please explain.

As a family, how often do you spend time together, and what do you usually do?

What would you really like to have happen in your family? Everyone is welcomed to respond and share. Use the back of this paper.

Please note that the Northern Virginia Integrative Therapy Center does not participate with insurance companies. Payment is due at the time of service, and clients file their claims with their insurance company. If you have a PPO insurance plan, we recommend you contact your insurance company and ask for their reimbursement %.

Please initial. _____

I understand that professional counselors, marriage and family therapists and allied healthcare practitioners at the Northern Virginia Integrative Therapy Center are behavioral health professionals and are not medical doctors and do not prescribe medication.

Please initial. _____

Client/Parent Signature _____ Date _____

Print Name _____