

Referred by: _____ Date: _____

Are there any conflicts regarding custody of the client? Yes No If yes, please explain:

Court Order

No Contact Order: Yes No N/A If yes, please explain:

Order of Protection: Yes No N/A If yes, please explain:

Parenting Plan: Yes No N/A Temporary/Final (Please circle) If yes, please explain:

Client _____

1. Family Information

List immediate family members (provide name, age, relationship to client, and where currently living). Also indicate under relationship, adoptive and step relationships.

NAME	AGE	RELATIONSHIP	WHERE LIVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Medical History

Do you have any family members with current or ongoing medical issues? Yes No

If yes, please explain: _____

Are you currently taking prescription or over-the-counter medications? Yes No

If Yes, please list: _____

3. Culture/Religion

What ethnicity(s) does you and your family identify with?

Are there any concerns or difficulties that you are experiencing related to ethnicity or culture?

4. Additional Information

Client _____

