

JOHANNES KIEDING, L.L.C. LCSW

ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING

Family Therapy — Initial Intake Form

Name: _____

Date: _____

Name of other family members who will participate in the therapy:

What are the main difficulties you are experiencing in your family?

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What do you hope to accomplish through family counseling?

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What have you already done, if anything, to deal with the difficulties?

In a perfect world, what would you ideally like the family to look like?

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From your point of view, what needs to happen in order for the family to become what you want it to be?

From your point of view, do you have a role in the difficulties in the family? If yes, what do you see as your role in the difficulties?

If you think that you have a role in the difficulties in the relationship, how motivated are you to address your contributions to the difficulties in the relationship? Would you want to work on these issues for your own sake regardless of whether or not the family issues improve?

Do you think your family members have a role in the difficulties? If so, what do you see as their role in the difficulties?

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What are your biggest strengths as a family?

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Have you received prior family counseling related to any of the above problems? Yes No

Do either you or your family members drink alcohol to intoxication? Drugs?

If yes for either, who, how often and what drugs or alcohol?

What is your current level of stress (overall)? (enter a number in the field):_

(No stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

What is your current level of stress (in the family)?

(enter a number in the field):_____

(No stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

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Rank order the top three concerns that you have in your relationship with your partner (1 being the most problematic):

1.

2.

3.

In the event that you hire me -- do you plan on paying for sessions with credit/debit card (an added 3% fee for processing cost), cash, check, PayPal, or Venmo?

The information provided is necessary for proper treatment and shall remain confidential.

Johannes Kieding,
LCSW145 E. University
BLVD (585) 530-0953
Johannes@acceleratedpsychotherapy.com
www.acceleratedpsychotherapy.com

