

Family Therapy Center of Northern Virginia, llc
44081 Pipeline Plaza #225 Ashburn, VA 20147

Client Information Form: Family

Name of Parent #1: _____

Address: _____

_____ Ok to mail items? Y/N

Home Phone: _____ OK to leave message? Y/N

Cell: _____ OK to leave message Y/N ... Do you text? Y/N

Place/position of employment: _____

E-mail address _____ Checked regularly? ____

Do you want auto-reminders of appointments? Y/N... If Yes, by text or email?

Date of birth: _____

Emergency contact: _____

Relationship to client: _____ Phone: _____

Please list any medications you currently take & why: _____

For family therapy, one person is used for the diagnosis and for insurance purposes, etc. Whose name will be used?

Name: _____

Do you want a monthly insurance statement for reimbursement? Y/N

Who referred you? _____ May I thank them? Y/N

Name of 2nd parent involved, in therapy if applicable:

Address: _____

_____ Ok to mail items? Y/N

Home Phone: _____ OK to leave message? Y/N

Cell: _____ OK to leave message Y/N ... Do you text? Y/N

Place/position of employment: _____

E-mail address _____ Checked regularly? Y/N

Date of birth: _____

Please list any medications you currently take & why: _____

Please explain custody: _____

List the names of children/teens involved in family therapy:

Child's Name	Grade	School Name	DOB	Age	Live With Who?

Medications for children:

Who/what: _____

Who/what: _____

Who/what: _____

If you could describe your family using just 3 words, what would they be?

Are there past/present any other professional involved? _____

Please briefly describe why you are seeking therapy today:

List anything else you would like: _____
