

**Family Intake Information**  
REBEKAH WALKER, L.C.S.W.  
Nashville Child and Family Wellness Center  
615-238-9100 Ex 105

Person Calling \_\_\_\_\_ DATE: \_\_\_\_\_

Referred by \_\_\_\_\_

Names/Ages of Family Members

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Occupations of all working:

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Address: \_\_\_\_\_

Parent(s) Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ and Star \*\*Best number to reach you

And leave a message. Do not list any number that you do not wish to be called on or message left.

Email for best contact person for occasional use of information sharing only

Any Medications any family member is currently on \_\_\_\_\_

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Any family history of Substance Abuse, Mental Health Issues in nuclear or extended family (please specify) \_\_\_\_\_

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Any history of family violence, physical or sexual abuse or other trauma \_\_\_\_\_

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Collateral Contact Names and Numbers that it may be helpful to consult (Psychiatrist, Previous Counselors, Probation Officer, School, or Hospital etc.): \_\_\_\_\_

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What beliefs, practices or affiliations do you rely on for support or strength during difficult times? \_\_\_\_\_

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Describe your typical diet:

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Describe your physical activity and how often you exercise

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Brief Statement of Reason for Seeking Counseling at this time and Safety Plan if necessary:

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Date/Time of Appointment: \_\_\_\_\_ Location \_\_\_\_\_