

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

Occupations of all working:

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

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

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

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

Describe your typical diet:

Describe your physical activity and how often you exercise

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

Date/Time of Appointment: _____ Location _____