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Licensed Marriage and Family Therapist MFC#37388

Initial Intake Form

Initial contact date: _____ Termination date: _____

Referred by: _____

Client's full name: _____

Date of birth: _____ Grade: _____ Gender: M F Age: _____

School: _____ Teacher name: _____

Parent/Legal Guardian name(s): _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone/pager: _____

Occupation: _____

Emergency contact: _____ Phone: _____

Primary language spoken in home: _____

Ethnicity(ies): _____

If client lives in more than one location or in a special circumstance, please describe: _____

Please list all persons living in home:

Name	Relationship	Occupation/School	D.O.B.
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Is there a past or current therapist for this client? Yes No

If yes, name: _____

Phone: _____

Release signed permitting communication

Is there a past or current social worker for this client? Yes No

If yes, name: _____

Phone: _____

Release signed permitting communication

Family doctor name: _____

Phone: _____

Release signed permitting communication

Is the client currently taking any medication? Yes No

If yes, please describe: _____

Family history: _____

School/employment history: _____

History of presenting problem(s): _____

What has been done to address presenting problem(s) to date: _____

Does the client have any physical disabilities? Yes No If yes, please describe: _____

What are the clients strengths, abilities or interests? _____

Please describe special resources/referrals needed for this case _____

Termination Summary: _____

(IF YOU ARE A PARENT, PLEASE COMPLETE THE NEXT PAGE...)

INTAKE QUESTIONS

FOR PARENTS (please write about the following questions on a separate paper)...

1. What are your present concerns about your son/daughter?
2. How have you become a more effective parent?
3. Do you "cover" or excuse your child's misbehavior?
4. How do you handle stress & disappointment?
5. How do you show your child/ren that you care about them?
6. Are drugs or alcohol a part of your life? Please explain.
7. What rules/laws does your child continue to break and what is your response?
8. Is drug and alcohol a part of your child's lifestyle and what are you doing about it?
9. Has your son/daughter spent the night away from home without permission?
10. Do you insist on your child completing their nightly homework?
11. Please say a little about what you hope can be achieved with counseling.
12. What are your concerns and feelings about family counseling?

FOR KIDS (please write about the following questions on a separate paper..)

1. Describe 5 things you would like to change in your life
2. Describe 5 mistakes you have made in your life
3. What is the atmosphere in your home/family?
4. Describe your mom/stepmom.
5. Describe your dad/stepdad.
6. Describe yourself.
7. How do you show your parents that you care about them?
8. What 3 academic or intellectual successes have you had?
9. Write about 3 ways you have grown emotionally?
10. Write about 3 healthy relationships you have in your life?
11. How much time do you spend, on average, doing homework and how do you feel about it?
12. Are you doing any self-destructive or destructive behaviors?
13. Are drugs and/or alcohol part of your life?
14. What changes would you like to see in your family?
15. What are some other important things I should know about you?
16. What other questions do you think should be included on this questionnaire?