**Toren Volkmann, LLC**

**mindfulness and transformative therapy**

**Portland || Oregon**

**---------------------------------------------**

**COUPLE /FAMILY INTAKE FORM**

The information asked for below is to help your counselor understand you, your family, and your concerns. All information given is confidential unless released by written consent, except as otherwise required by law. If you have any questions or concerns regarding this form, you will have an opportunity to discuss this with your counselor during session. Your counselor will review your completed form with you in your first session.

Today’s Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

PERSON INITIATING COUNSELING PARTNER OF PERSON INITIATING COUNSELING

Name: Name:

DOB: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFORMATION

Phone (Cell): (\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_ Phone (Cell): (\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_

OK to leave message? Yes\_\_\_\_\_\_\_\_\_\_\_ OK to leave message? Yes\_\_\_\_\_\_\_\_\_\_\_

No\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Alt): (\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_ Phone (Alt): (\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_

OK to leave message? Yes\_\_\_\_\_\_\_\_\_\_\_ OK to leave message? Yes\_\_\_\_\_\_\_\_\_\_\_

Email: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: Current Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| OCCUPATION /EDUCATION |

Occupation/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education/Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education/Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| MARITAL/RELATIONSHIP STATUS |

□ Single □Partnered □ Domestic Partnership □ Single □Partnered □ Domestic Partnership

□ Married □ Separated □ Divorced □ Married □ Separated □ Divorced

□ Widowed □ Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Widowed □ Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| EMERGENCY CONTACT |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_ \_\_\_\_- \_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_ \_\_\_\_- \_\_\_\_\_\_\_\_\_\_

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| CHILDREN AND AGES |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Living with you? Y\_\_\_\_ N\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Living with you? Y\_\_\_\_ N\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Living with you? Y\_\_\_\_ N\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Living with you? Y\_\_\_\_ N\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Living with you? Y\_\_\_\_ N\_\_\_\_

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| OTHER PEOPLE LIVING IN THE HOUSEHOLD |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will any of these relations be participating in counseling sessions? Y\_\_\_\_ N\_\_\_\_

If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RISK

Do you feel you have been at risk of harming yourself or someone else? Either now or in the past?

Now 🡪 self: Y\_\_\_\_ N\_\_\_\_ Others: Y\_\_\_\_ N\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Past 🡪 self: Y\_\_\_\_ N\_\_\_\_ Others: Y\_\_\_\_ N\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you experiencing violence or abuse at home, work, or other situations? Y\_\_\_\_ N\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| BIOLOGICAL FACTORS |

Have you ever been diagnosed with a mental health disorder? Y\_\_\_\_ N\_\_\_\_

If so, when and what was the diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently under a physician’s care for any reason? Y\_\_\_\_ N\_\_\_\_

If so, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any current medications, dosage amounts and reason for prescription:

|  |  |  |
| --- | --- | --- |
| MEDICATION | DOSAGE | REASON |
|  |  |  |
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Do you currently use drugs or substances other than the Y\_\_\_\_ N\_\_\_\_   
 prescriptions listed above?

(i.e. OTC drugs, illegal substances, alcohol, tobacco, etc.)

If so, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*\*Honesty is encouraged because this info will be used in service to your therapeutic process.*

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| YOUR JOURNEY |

There is something important about your seeking counseling at this moment in your life.

Can you describe “why now”? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been in therapy or counseling? Y\_\_\_\_ N\_\_\_\_

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If so, please describe briefly why you sought out counseling in the past.

Please include how it did or did not help you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you hope to gain from your counseling experience?

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**COUPLE / FAMILY ADDITIONAL INFO**

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| THEMES |

Please list 3 aspects of your life and/or family life that you want to explore and/or change:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| EVENTS |

Are you or your family currently experiencing any significant life stressors?

Is anyone coping with any recent losses or major transitions? If so, please explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| STRENGTHS |

List 3 strengths of your family and how they help your family navigate moments of stress or crisis:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| OBSTACLES |

Does your family have any significant obstacles that get in the way of your relationships?

Please describe what hinders closeness, safety, compassion or trust:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SELF AWARENESS PRACTICE |

Do any members of the family have self-awareness practices? These could be described as

spiritual, religious, focusing, centering prayer, or mindfulness? If so, please describe when,

how often, and how it benefts you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SELF CARE |

What are some things you do, or would like to do - as an individual, couple, or family - to take care

of yourself/'wind down/feel ‘good,’ etc?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| OURTREACH |

How did you hear of Toren’s Counseling Services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ANYTHING ELSE |

Please feel free to share anything else that feels relevant to our work together

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**Toren Volkmann, LLC**

**mindfulness and transformative therapy**

**Portland || Oregon**

SPECIAL NOTICE FOR COUPLE’SAND FAMILY THERAPY

Couples Therapy usually focuses on issues systemic to the family. The client is both the individuals and couple/family as whole. Participation by everyone is encouraged. However, occasionally individual sessions with the therapist are warranted.

Your counselor is happy to discuss options for individual sessions, as long as you agree that anything you share in an individual session may be talked about in subsequent couple’s or family sessions. This doesn’t mean your counselor will necessarily bring up every issue talked about privately. It just means you’ve given permission to do so if they believe it is important to the health of your relationship.

Knowing your counselor does not, and will not, keep secrets helps everyone feel safer in therapy. It also allows your counselor to be completely honest – without having to worry about who said what, when, etc. Please ask before sharing any details if you have any questions about whether a topic is one that will need to be shared with others. If you have reservations about raising an issue with your particular counselor in the context of couple’s or family therapy, they are happy to refer you to another counselor for individual counseling.

This agreement also applies to phone calls and emails. If you contact your counselor between session, they will expect you to let your partner or other family members know you've done so. Contents of phone calls or emails may be shared. By signing this agreement, you're giving your counselor permission to discuss (or help you discuss) information shared in individual sessions or communications with others regularly attending therapy with you. This discussion will include determining whether sharing with your family members is needed or important for the therapeutic process, as well as when and to what extent sharing is appropriate.

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Client Signature Date Client Signature Date

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Counselor Signature Date