

Linda Hanby Family Therapy  
General Intake

**Date:**

**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Social Security Number**  
**Social Security Number Social Security Number**

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email address:**

**Religious affiliation?**

**What do you feel is the problem in your relationship?**

Linda Hanby Family Therapy  
General Intake

**Do you wish to work on improving the relationship?**

**What are you willing to do to make it work?**

**What have you tried, in the past, to resolve these issues?**

**What do you hope to accomplish with therapy?**

**What are your life dreams?**

Linda Hanby Family Therapy  
General Intake

**What are your strengths?**

**What are your weaknesses?**

**What was it like growing up in your house?**

**Do you feel you communicate effectively?**

**What do you feel need to be addressed as we proceed?**