

Family Intake Information
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Phone: 615-712-8899 Fax: 615-620-4488

Person Calling _____ DATE: _____
Referred by _____
Names/Ages of Family Members

Occupations of all working:

Address: _____

Parent(s) Home Phone: _____ Work Phone: _____

Cell Phone: _____ and **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 _____

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 does your family rely on for support or strengths
during difficult times?

1/2 family questionnaire

Describe your typical diet and family meals:

Page 2/2 family questionnaire

Describe your family activities you enjoy doing together and how often:

Brief Statement of Reason for seeking Counseling at this time: