

M.E.T.A. COUNSELING CLINIC

4531 SE Belmont St., Suite 300
Portland, Oregon 97215
(503) 450-9999 ·

metacounselingclinic@meta-trainings.com

COUPLE / FAMILY INTAKE FORM

Please complete this form to the best of your comfort and ability and bring with you to your first appointment. 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.

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.

Today's Date / /

Please include each family member who anticipates participating in counseling:

PERSON INITIATING COUPLES COUNSELING

PARTNER OF PERSON INITIATING COUNSELING

Name:

Name:

Gender Identification:

Gender Identification:

Email:

Email:

Phone (W): () -
_OK to leave message? Yes _No

Phone (W): () -
_OK to leave message? Yes _No

Phone (M): () -
_OK to leave message? Yes _No

Phone (M): () -
_OK to leave message? Yes _No

Phone (H): () -
_OK to leave message? Yes _No

Phone (H): () -
_OK to leave message? Yes _No

DOB: /_/ Age:

DOB: /_/ Age:

Occupation / Grade Level:

Occupation / Grade Level:

Employer / School:

Employer / School:

Current Address:

Current Address:

Emergency Contact:

Emergency Phone:

Emergency Contact:

Emergency Phone:

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There is something important about your seeking counseling services at this moment in your life. Can you describe “why now”?

Are you or any member of your family experiencing now or have you ever had thoughts of, plans about, or attempts to harm (or kill) yourself or others?

Are you or your family currently experiencing any significant life stressors or coping with any recent losses or major transitions? If so, please explain:

Do you currently have a meditation or mindfulness practice? If so, please describe when, how often, and how it benefits you:

Have you ever been in couple’s or individual therapy or counseling? If so, please describe briefly why you sought out counseling in the past and how it helped you:

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

1.

2.

3.

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Does your family have any significant obstacles that get in the way of communication or feelings of closeness, safety, compassion and trust? Please describe:

Biological Factors:

Has any member of your immediate family (those people who anticipate participating in counseling sessions) ever been diagnosed with a mental health disorder:

If so, who, when and what was the diagnosis?

Is the disorder currently being treated? If so, please describe treatment (medication, counseling, etc.):

Does any member of your immediate family have a significant medical condition that requires the continuous care of a doctor? If so, please give a brief description:

What does your family hope to gain from your counseling at **M.E.T.A. Counseling Clinic**?

Is there anything else you believe I should know about you and your family that you feel is important and relevant to your success in counseling? Or is there anything you would like information about prior to beginning counseling?

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SPECIAL NOTICE FOR COUPLE'S AND FAMILY THERAPY

During the course of couple's or family therapy, there may be times when you would like to schedule an individual appointment for yourself. This can be helpful when there are issues you'd like to discuss, but you're not sure how to bring them up in front of your partner or family members. Examples include: problems with work, school, parents, in-laws, ex-spouses, sex, money, alcohol, etc. An individual session can also be helpful when something has been discussed in a couple's or family session that stirs up an issue you'd like to spend more time on.

I am happy to discuss with you the 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 I will necessarily bring up every issue we've talked privately about. It just means you've given me permission to do so if I believe that it's important to the health of your relationship.

Knowing that I don't and won't keep secrets helps everyone feel safer in therapy. It also allows me to be completely honest – without having to worry about who told me what, when, etc. If you have any questions about whether a topic is one that will need to be shared with others, please ask me before sharing any details. If you have reservations about raising an issue with me as your couple's or family therapist, I am happy to refer you to another therapist for individual counseling.

This agreement also applies to phone calls and emails. If you contact me between sessions, I 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 me permission to discuss any information shared with me privately with all others regularly attending therapy with you.

Signature

Signature

Date:

Date: