

FAMILY INFORMATION FORM

Office Use Only	
Name:	_____
DOB:	_____
DOS:	_____

Family Information

Parent/Caregiver Name:

Relationship to Child(ren):

What is your preferred language? English Spanish Chinese Other:

Address:

Phone Numbers Home: _____ Work: _____ Cell: _____

E-mail (optional):

Would you like to receive monthly email notices about our upcoming events and offerings? Yes No

Please list all children seeking services:

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Family Background

Who lives in the home? Please list name, age, and relationship to child(ren):

Are there other siblings not living at home? Yes No

If yes, list names and ages:

Do any of the children have multiple residences? Yes No

If yes, please explain:

Please share about your family's mental health history (e.g., anxiety, depression, addiction, substance use):

Share about things that are going well for your family. Include strengths, rituals, and characteristics

Support networks in place for your family and the child(ren):

Extended Family Spiritual/Faith Community Neighborhood Friends School

Other:

Are there ethnic/cultural considerations that would be helpful for us to be aware of in working with your family? Yes (please share below) No

FAMILY INFORMATION FORM

Office Use Only
Name: _____
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DOS: _____

Grief and Loss Information

Deaths Experienced:

Name: _____ **Age of deceased:** _____ **Date of Death:** _____
Circumstance of Death: _____
Relationship to Child/Teen: _____

Name: _____ **Age of deceased:** _____ **Date of Death:** _____
Circumstance of Death: _____
Relationship to Child/Teen: _____

Name: _____ **Age of deceased:** _____ **Date of Death:** _____
Circumstance of Death: _____
Relationship to Child/Teen: _____

How are family members responding to death(s)?

Share about/describe the memorial service/funeral/graveside service, if held:

How does your family remember and/or stay connected to the deceased?

What is your family's religion/spirituality practice, if any?

Any other information that would be helpful for us to know about your family:
(Information about the child(ren) will be collected on a separate form.)