



FAMILY FORWARD
— with Dr. Sonya —

Family details to inform our time together.

Family Name(s) _____

Parent/Guardian _____ **age** _____ **Occupation** _____

Cell _____ **Cell** _____

Email _____ **Email** _____

Parent/Guardian _____ **age** _____ **Occupation** _____

Cell _____ **Cell** _____

Email _____ **Email** _____

Other Parent/Guardian _____ **age** _____ **Occupation** _____

Cell _____ **Cell** _____

Email _____ **Email** _____

Other Parent/Guardian _____ **age** _____ **Occupation** _____

Cell _____ **Cell** _____

Email _____ **Email** _____

What is your marital status? Married or divorced or living in two households?

Home Address 1 _____

City _____ **State** _____ **Zip** _____

Home Address 2* _____

City _____ **State** _____ **Zip** _____

Billing Address: _____

City _____ **State** _____ **Zip** _____

If divorced, how is custody shared? _____

Children

Name _____ **Age** _____ **Birthdate** _____

Name _____ **Age** _____ **Birthdate** _____

Name _____ **Age** _____ **Birthdate** _____

Name _____ **Age** _____ **Birthdate** _____

How would you describe your family's spirituality or religion?



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What caused you to reach out? _____

What significant life changes or stressful events has any member of your family experienced recently?

Briefly describe relationships among family members.

Parents and teen(s) _____

Among siblings _____

Any other significant person in your family's life, living in your household, or a significant relationship with a caregiver?

What have you, your child, and family participated in therapeutically? _____

What is one thing that could shift in your family that could give relief? _____

What is your hope/goal for our time together? _____

Any physical, psychological, or educational issues in your family I should be aware of?

Name _____ **Diagnosis** _____

Name _____ **Diagnosis** _____

Name _____ **Diagnosis** _____

Name _____ **Diagnosis** _____

Please list person and medications that all family members have been prescribed.

Name _____ **Medications** _____

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Name _____ **Medications** _____

Name _____ **Medications** _____



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What else do you think would be helpful for me to know in our work together?

Is there is a professional, you would like me to consult with before or after our time together? I will provide a consent form for you to give permission for us to chat

How did you learn about my services? _____

What search terms did you google in your search _____

Thank you for taking the time to better equip me for our time together.

Ready...Set...Go!