

Stonebriar Psychiatric Services, P. A.
Family Questionnaire

Thank you for choosing Stonebriar Psychiatric Services for support for your family. The following questions are to help us in better understanding your family's specific needs. We thank you in advance for investing your time in this process.

Name of Person Completing Form: Date Relationship in family
(parent/child/guardian,etc.)

Why are you seeking family therapy at this time? How may we help you? _____

What do you hope to accomplish by participating in family therapy? _____

Parental Figure	Mother	Father	Adoptive Mother	Adoptive Father	Step-Mother	Step-Father
Age						
Race						
Health						
Living Where						
Married						
How Long Divorced?						
When Separated?						
When Custody						
Occupation						

Any additional information regarding custody, adoption, or family organization.

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What is the current living situation of the family? Please name all members living in the household. _____

Has the living situation changed recently? _____

How many times has your family moved? _____

Below, please list all children “in the family” and their respective positions (biological, step, half, adopted).

Child's Name	Family Position	Age	Special Needs	Health (Mental and Physical)	Grade Level

Please describe the relationship(s) between the siblings. _____

Has either parent, sister, brother, child or grandparent ever had psychiatric problems (depression, anxiety, bipolar, etc.) or substance abuse or addiction? , treatment?

If so, who? What type of illness ? Was treatment provided? _____

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Has any blood relative (if yes, list names/relationship) ever attempted or completed suicide?

Yes No _____

Have you had individual, family, or couple's therapy before? yes no

Please list all therapists, counselors and hospitalizations (with dates)

Was therapy helpful? yes no Please explain. _____

Please list **all** past psychiatric medications, first for yourself and then any family members (identify):

Is there a history of abuse for any members in the family?

physical sexual mental emotional

If yes, please explain.

Family Culture and Related History

What is your cultural background? _____

What is your religious preference? _____

Does the family actively participate in a faith community or in other community activities? Are all members involved? Please explain: _____

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Please give a time line of any major surgeries / losses (including divorce) / deaths / changes in the family. Please include date and brief description of each event: _____

Do you have any legal issues or pending custody or divorce issues at this time? yes no

If yes, describe: _____

Family Style and Personality

How does your family resolve conflict and make decisions? What is your style? Authoritarian, Democratic, Egalitarian? _____

Please describe boundaries and discipline in the family. What is the role of parent(s) in this?

Are chores a part of your family operations? Who assigns chores? _____

Are chores or designating responsibilities a source of conflict in the family or marriage? _____

Does your family “play” together? What does play look like? What leisure activities are included? _____

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Does everyone in the family participate in family play? _____

Who initiates family play time?

Do you enjoy spending time together as a family? yes no Explain: _____

Please fill in the following: If our family had a motto, it would be: “_____”

Do you have any concerns, fears, or worries about beginning family therapy? yes no

Please describe: _____

Lastly, what are your goals for family therapy? _____

Thank you for investing your time in completing this questionnaire. We look forward to working with your family.