



Lillybrook

In Times of Struggle, We Are Here

ACCT#: _____

To be completed by each member of the household

Personal Information Form

PLEASE PRINT CLEARLY

Name: _____

Birthdate: _____ **Today's date:** _____

Tell us a little about yourself for us to understand you better.

What is your understanding of why you're meeting here with your family?

What are some things you feel that your family needs to make it stronger?

What changes would you like to see/what are your main concerns related to your family?

Is there anyone in your family you have a difficult relationship with? If yes, please describe:

Have you ever experienced significant trauma? Yes/no _____

If yes, is your family aware of this trauma? Yes/no _____

If yes, is this trauma something you wish to discuss with your family? Yes/no _____

Are you feeling suicidal at this time? Yes/no _____ In the past 6 months? Yes/no _____

If yes, are your parents/is anyone in your family aware? Yes/no _____

Signature of person filling out the form _____

Date _____

The information contained within this form will be reviewed and discussed with family members, where appropriate, during the intake appointment and as needed/necessary anytime thereafter.