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New Family Consulting Intake:

Name and ages of family members doing this work: _____

Who will be the primary client: _____

Date of birth of primary client: _____

Date of intake/first appointment: _____

Street address: _____

City, state, zip: _____

Phone number: home: _____ cell: _____

Email: _____

Family employment: _____

Position title: _____

Reason to be seen (describe the family dynamics/challenges you want to address):

Previous treatment or therapy. Please include names/dates of other providers seen and hospitalizations or residential treatment, if any. Also include medications tried (dates, doses, effects) and other notable "healing" treatments and experiences tried.:

Major medical problems or other health struggles within the family: _____

Current medications taken by a teen or child or parent involved in this family work (herbal or pharmaceutical—include doses and duration of use: _____

Any medication or herbal allergies or serious adverse medical events in the past?

Family psychiatric issues or notable dysfunctional patterns: _____

Current diet within the family (give an example of typical best/worst days):

Any issues with alcohol or substance use in the family? Describe typical use:

Current family/social situation (marital status, children, who lives at home, who's involved, pets, etc.): _____

Describe what is most important to the family: _____

Describe the family's spirituality: _____

What's your current relaxation/fun routine? _____

What is going well in the family? _____

Favorite things to do together: _____

What interests you about me or my practice? _____

How were you referred here? _____

Notes (anything else I should know): _____

Thank you! And welcome!