



FAMILY RECONNECT: FAMILY ASSESSMENT SUMMARY

Date of Report:

Name:

DOB:

Gender:

Pronoun:

Family Constellation:

Current Living Situation:

Date of Intake:

Number of Sessions to Date:

REASON FOR REFERRAL/PRESENTING PROBLEMS:

CURRENT SITUATION:

(Include information such as: family members involved; any recent change in housing; family supports/ significant members outside of the home; employment/school; cultural background/spirituality/religious beliefs)

RELEVANT HISTORY:

(Include information such as: history of marriage/relationships; social history [friendships/temperament/family activities/ challenges, learning disabilities, developmental delay]; significant events [births, deaths, moves, loss, separation, divorce]; community involvement/treatment history [name and contact person]; substance use/medications)

CLINICAL OBSERVATIONS:

(Include information such as: family interactions/dynamics; patterns of communication)

CASE FORMULATION:

RECOMMENDATIONS/REFERRALS:

Written By:

Date Written: