

Blended Family Assessment Intake Questionnaire

General Information

Client Name

Date

Phone

Email

Primary Address

Family Members

Adult 1 Name

Adult 1 Relation to Children

Adult 2 Name

Adult 2 Relation to Children

Children (List all children in the home and their ages)

Blending Family Details

Length of Current Relationship/Marriage

How long has the blended family lived together?

Custody/Visitation Arrangements

Are there children who spend time in multiple households?

Brief description of previous family situations (e.g., divorce, loss, remarriage)

Current Family Dynamics

What strengths do you see in your blended family?

What challenges is your family currently facing?

Have there been any recent changes affecting your family? (e.g. moving, new siblings)

Describe any ongoing conflicts or sources of stress

Goals for Assessment/Counseling

Main concerns or issues

What are your hopes for this process?

Any other information you would like to share