

INTAKE FORM FOR COUPLES

Please print out this form, fill it out and bring it to your first session.

All the information you provide here is confidential.

Please print:

Name: _____ Date: _____

Age: _____ DOB _____ Male / Female Email: _____

Street Address: _____

City _____ State _____ Zip _____

Phone: Circle preferred phone: (Home) _____ (Work) _____ (Cell) _____

Is it okay to leave messages on your home telephone message device? Yes () No ()

Is it okay to text message you? Yes () No ()

Relationship information:

Marital Status: ___ Married ___ Coupled ___ Single ___ Divorced ___ Separated ___ Widowed

Spouse's name _____ Date of marriage: _____

Have you ever been separated? _____ How long? _____

Have either of you ever filed for divorce? _____ When? _____

Number of children _____ Their ages: _____

Previous Marriages:

1. Year married: _____ How long: _____ Divorced () Widowed () 2.

2. Year married: _____ How long: _____ Divorced () Widowed ()

3. Year married: _____ How long: _____ Divorced () Widowed ()

Personal Information:

Occupation: _____ Employer: _____

How long at present job: _____ Annual household income (optional): _____

Education: _____

Have you ever hurt yourself or attempted suicide? Yes () No () If yes explain:

Are you currently having any thoughts of hurting yourself or others? Yes () No () If yes explain:

Do you drink alcohol more than once a week? No () Yes () If yes, how much _____

Do you use recreational drugs? If yes, how often? Daily () Weekly () Once in a while () Never ()

Counseling Information:

Who referred you to counselor? _____

Has any member of your family been here for counseling? Yes () No ()

Have you ever been to counseling, psychotherapy, or seen a psychiatrist? Yes () No ()

When? _____ Name of therapist: _____

Are you currently taking medication? Yes () No ()

Type: _____

Prescribed for what purpose: _____

Person we can call in case of an emergency:

Name: _____ Relation: _____

Address: _____ Phone: _____

COUPLES INFORMATION:

1 Please describe your reasons for seeking counseling:

2 Please describe your partner's reasons for seeking counseling:

3 What are you and your partner hoping to achieve as a result of counseling:

CHANGES AND COMMITMENT LEVEL

Indicate your response by circling your choice.

1. I am willing to make: any most some minor very few
 _____ changes or adjustments necessary to keep our marriage together.

2. I believe my spouse is willing to make: any most some minor very few
 _____ changes or adjustments necessary to keep our marriage together.

3. If our marriage were to fail, I would feel...

4. If our marriage were to fail, my spouse would feel...

5. My commitment level to staying in my marriage is...

Little or no commitment			Average Commitment				Absolute Commitment		
1	2	3	4	5	6	7	8	9	10

6. My partner's level to staying in my marriage is...

Little or no commitment			Average Commitment				Absolute Commitment		
1	2	3	4	5	6	7	8	9	10

Is there anything else you would like your therapist to know?
