

Couples Intake

The purpose of the following questionnaire is to help me understand some important things about you and your spouse so that I may help you most effectively. Please complete these forms as fully as possible.

Your Information:

Name _____

Date _____

Address _____

City _____ Zip Code _____

Phone (H) _____ (W) _____

Cell _____

Emergency Contact _____

(Name) (Address) (Phone)

Your Birth Date _____ Age _____

Education & Degree (if applicable) _____

Occupation _____ Employer _____

Previous Marriages (#'s and length of each) _____

Spouse Information:

Name _____

Date _____

Address _____

City _____ Zip Code _____

Phone (H) _____ (W) _____

Other _____

Emergency Contact _____

(Name) (Address) (Phone)

Spouse's Birth Date _____ Age _____

Education & Degree (if applicable) _____

Occupation _____ Employer _____

Previous Marriages (#'s and length of each) _____

HOME:

Please list the names and ages of all who live in your home: Names Ages Indicate where they live:

Referred by _____
Address _____

Have you ever received counseling before? Yes _____ No _____

If so, list counselor(s) and dates:

Has your spouse ever received counseling before? Yes _____ No _____

If so, list counselor(s) and dates:

What was helpful?

List any major health problems for which you or your spouse is currently receiving treatment:

Yourself _____

Spouse _____

List any medications (including dosages) you or your spouse is currently taking:

Yourself _____

Spouse _____

Briefly describe the problem for which you are seeking help:

