COUPLE INTAKE FORM

INTRODUCTION: *If you're uncomfortable answering any question or prefer not to answer a question, please leave the field blank. Please print using upper case.*

PART 1: PERSONAL INFO

PERSON 1	PERSON 2
Name: _____ _____ First Name Last Name	**Name**: _____ _____ First Name Last Name
Gender: ❑ Male ❑ Female	**Gender**: ❑ Male ❑ Female
Age: _____ **D.O.B.**: _____ MM.DD.YY	**Age**: _____ **D.O.B.**: _____ MM.DD.YY

PART 2: CONTACT INFO

PERSON 1	PERSON 2
Home Address:	**Home Address**:
_____ Number & Street Name	_____ Number & Street Name
_____ _____ City Postal Code	_____ _____ City Postal Code
Home Phone: _____	**Home Phone**: _____
Work Phone: _____	**Work Phone**: _____
Cell Phone: _____	**Cell Phone**: _____
Email: _____	**Email**: _____
Skype (video sessions): _____	**Skype** (video sessions): _____
Emergency Contact: _____	**Emergency Contact:** _____
Phone: _____	**Phone**: _____

PART 3: REFERRAL SOURCE

Referral Source: _____

PART 4: EMPLOYMENT INFO	
PERSON 1	**PERSON 2**
Status: ❑ Full time ❑ Part-time ❑ Self-Employed ❑ Unemployed ❑ Student ❑ Retired ❑ Other **Job:** _____	**Status**: ❑ Full time ❑ Part-time ❑ Self-Employed ❑ Unemployed ❑ Student ❑ Retired ❑ Other **Job**: _____

PART 5: REASON FOR SEEKING COUNSEL	
PERSON 1	**PERSON 2**
Issue(s) You Want Help With: _____ _____ _____	Issue(s) You Want Help With: _____ _____ _____

PART 6: COUNSELING EXPERIENCE	
PERSON 1	**PERSON 2**
Prior Counseling:❑No (skip ahead) ❑ Yes (see below) **If "YES", For What:** _____ _____ **How Long?** _____ **Outcome:** ❑ No effect ❑ Helped a little ❑ Helped a lot	**Prior Counseling**:❑No (skip ahead) ❑ Yes (see below) **If "YES", For What:** _____ _____ **How Long?** _____ **Outcome:** ❑ No effect ❑ Helped a little ❑ Helped a lot

PART 7: MEDICAL INFO	
PERSON 1	**PERSON 2**
General Health: ❑ Excellent ❑ Good ❑ Acceptable ❑ Poor	**General Health**: ❑ Excellent ❑ Good ❑ Acceptable ❑ Poor
Under Doctor's Care? ❑ No (skip ahead) ❑ Yes (see below)	**Under Doctor's Care**? ❑ No (skip ahead) ❑ Yes (see below)
Condition(s) or Reason(s): _____	**Condition(s) or Reason(s)**: _____
Medications (Drug Name & Dosage):	**Medications** (Drug Name & Dosage):
Physician's Name: _____	**Physician's Name**: _____

OTHER INFORMATION	OTHER INFORMATION
Is there anything else that would be good for me to know in order to better understand you before we begin working together?	Is there anything else that would be good for me to know in order to better understand you before we begin working together?