



Couple Intake Form – Individual Information

Date:

Client Information

First Name:

Middle Initial:

Last Name:

Nickname:

Date of Birth:

Gender:

Pronouns used:

Sexual Orientation:

Race/Ethnic Identity:

Relationship Status:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Email Address:

Mobile Phone:

Home Phone:

Work Phone:

Okay to leave VM?

Okay to email?

Okay to text?

Preferred form of contact:

Emergency Contact (other than each other)

Name:

Relationship:

Mobile Phone:

Home Phone:

Work Phone:

Psychiatrist (if applicable)

Name:

Address:

Work Phone:

Background Information

1. Please share any serious medical conditions and history, including current medications and their dosages.

2. Do you drink alcohol or use any substances? If yes, what kind, how much, and what kind of effect does it have on you physically and mentally?

3. Past Psychiatric History (including previous therapy experiences, psychiatric hospitalizations, suicide attempts, diagnosis, etc.) Please include dates (and treatment lengths) if available:

4. Do you have any history of trauma, either growing up or as an adult? This can include physical and sexual violence, armed robberies, severe car accidents, natural disasters, etc. or being a witness to any of these.

5. What kind of social support do you have outside of this relationship? Do you have many friends or only a few close ones? Do you enjoy socializing or would you rather stay at home? Do you and your partner share any friends?

6. What kind of educational and work background do you have? Do you enjoy what you do?

7. What do you consider some of your strengths as an individual?

Relationship Information

Please remember that there will be no secrets kept in this therapy unless I suspect it will put either one of you at risk of physical harm, such as with an abusive pattern. In which case I will recommend you first seek individual therapy before engaging in couple therapy as this kind of therapy increases the risk for further violence in the relationship.

1. Can you briefly describe in your own words the reason why you are seeking couples therapy at this time?
2. What are your hopes and expectations for the therapy? What are your personal goals?
3. Do you know of, or suspect, any ongoing external relationships that have not been agreed upon by both partners? Or are you yourself engaged in one?
4. Do you have any concerns about substance or alcohol abuse in your relationship, including your own?
5. Is anyone currently hitting, hurting, belittling, demeaning, pressuring, or touching you in an unwanted or abusive manner? Has anyone in the past? Has this ever occurred in your current relationship(s)?