

## Intake and History - Couple

Each partner needs to fill out this form separately. This information will help me understand your history and concerns so that we can focus our time efficiently. All material is confidential and will not be released without your written request.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  Message OK  
\_\_\_\_\_ Cell phone: \_\_\_\_\_  Message OK  
Employer/School: \_\_\_\_\_ Work phone: \_\_\_\_\_  Message OK  
E-Mail Address: \_\_\_\_\_

Relationship Status:  Married/Partnered  Living together  Single  Divorced  Widowed

How long in present status: \_\_\_\_\_ Prior marriages (dates): \_\_\_\_\_

Persons living in the home other than those listed above:

Name	Date of Birth	Relationship

Please check if you have experienced any of the following in the last year:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Death of a family member | <input type="checkbox"/> Marriage or new partnership | <input type="checkbox"/> Pregnancy/Birth                  |
| <input type="checkbox"/> Death of a close friend  | <input type="checkbox"/> Separation or Divorce       | <input type="checkbox"/> Medical condition/issues         |
| <input type="checkbox"/> Moved residence          | <input type="checkbox"/> New family member           | <input type="checkbox"/> Serious illness of family member |
| <input type="checkbox"/> Change in job/career     | <input type="checkbox"/> Family member left home     | <input type="checkbox"/> Change in financial situation    |
| <input type="checkbox"/> Conflict within family   | <input type="checkbox"/> Difficulties at work/school | <input type="checkbox"/> Legal problems                   |
| <input type="checkbox"/> Conflict with friends    | <input type="checkbox"/> Academic Problems           | <input type="checkbox"/> Other: _____                     |

Further Explanation:

---

---

---

Intake and History, Continued

**Describe the relationship you would like to have at the end of therapy:**

---

---

---

**During therapy, what I want to understand or learn about my relationship or myself is:**

---

---

---

**What I want to start doing (or do more of) is:** \_\_\_\_\_

---

---

**What I want to stop doing is:** \_\_\_\_\_

---

---

**What I want to feel is:** \_\_\_\_\_

---

---

**Things about me that might make that difficult are:** \_\_\_\_\_

---

---

**Any other comments or concerns?** \_\_\_\_\_

---

---

[Feel free to use the back of this page if necessary.]