

**Couples Counseling Intake Form** (to be submitted individually)

**GENERAL**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Home address (city & zip) \_\_\_\_\_

Business address (city & zip) \_\_\_\_\_

Home phone \_\_\_\_\_ May I leave a message? \_\_\_\_\_

Work/cell phone \_\_\_\_\_ May I leave a message? \_\_\_\_\_

E-mail \_\_\_\_\_ May I contact you by email? \_\_\_\_\_

Employer/school \_\_\_\_\_ Occupation/studying \_\_\_\_\_

Annual Income \_\_\_\_\_ Social Security No. \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Educational background \_\_\_\_\_

Learning disabilities \_\_\_\_\_

Ethnicity \_\_\_\_\_ Past religious affiliation (if any) \_\_\_\_\_

Present affiliation/identification (if any) \_\_\_\_\_

Previous counseling and psychotherapy (dates and names of therapists)  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL**

Name of physician \_\_\_\_\_ Date of last exam \_\_\_\_\_

Medical problems or illness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**

If in a primary relationship, name of partner \_\_\_\_\_

If living together, how long? \_\_\_\_\_ If married, how long? \_\_\_\_\_

Significant partner status (please circle)    Single    Engaged    Married    Divorced  
Separated    Living together    Remarried    Widowed



Name of significant partner \_\_\_\_\_

*Children from this relationship*

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

*If previously married/partnered, please indicate*

Name of former spouse	Years married	Date marriage ended	Reason marriage ended
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_____	_____	_____	_____
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*Children from previous relationship*

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

*Parents and step-parents (indicate under "age" if deceased)*

First Name	Age	Gender	Education	Marital Status	Occupation
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*Siblings and step-siblings (indicate under "age" if deceased)*

First Name	Age	Gender	Education	Marital Status	Occupation
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