



Couple's Information Form (each partner fill out one)

I am glad you have sought out help. I am here to assist the healing and growth process in your life. The success of that process will greatly depend on your active cooperation and participation. Your answers will remain confidential

In order to best serve you, please **print out two copies of this form** and each of you please provide the following information on a separate form. If address is same one put "same". (please print)

Full name: _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ Work Phone _____

Home Phone _____ May I leave a message (circle one) Yes No

E-mail: _____ *Please be aware that email might not be confidential.

Spouse's name: _____ How long married? _____

Children (list names, ages, where residing): _____

Previously married? _____ if yes, for how long? _____ how long ago? _____

Your occupation: _____

Have you previously sought counseling? _____

When, and for what reason: _____

Name of therapist: _____

Have you been previously or currently prescribed psychiatric medication? No Yes

What medication? _____

For what reason? _____

For what reason do you now seek help? _____

As a result of counseling, what do you hope will change? _____

Medical History

Current physical health status: _____

Are you currently taking prescription medication (other than psychological) ? Yes ____ No ____

What medication? _____

For what reason? _____

Do you have any medical conditions your counselor should be aware of? _____

Religious/Spiritual History:

Do you consider yourself to be religious? No Yes

If yes, what is your faith? _____

Do you go to church? No Yes. If yes, which one? _____

How many times per month? ____ OR per year? ____

If not religious, do you consider yourself to be spiritual? No Yes

In what in what way? _____

Psychological History Please check any issues/problems **you** have had:

Issue (please check)	Past (how bad on 1 to 10)	Current (how bad on 1 to 10)
Alcohol abuse		
Substance abuse		
Traumas, emergency		
Abused/neglected as a child		
Rape or sexual abuse		
Depression		
Anger		
Anxiety		
Abortion		
Divorce		
Marital infidelity		
Gay/lesbian issues		
Unresolved family issues		
Unresolved issues of grief		
Spousal abuse		
Suicidal thoughts		
Suicide plan		
others: (please specify)		

List all the qualities that drew you to the other in the beginning: _____

What is one thing that your spouse or significant other does very well and you would love for them to keep doing? _____

What is one thing that your spouse or significant other is doing OK and you would like them to improve? _____

What is one thing that your spouse or significant other is doing that is killing the relationship (and you) and you would like them to stop? _____

Please rank order (1 = Most Important) your top five problem issues. Check all others that apply.

	Fair Fighting/Conflict		Sexual Intimacy Issues		Communication
	Assertiveness		Parenting Issues		Finances/Money
	Managing Family		Relationships		Issues Associated with Household Management
	Religious/Spiritual Differences		Men's Issues		Alcohol/Substance Abuse
	Relationship Violence		Pregnancy/Abortion Issue		Differences in Family
	Culture/Background		Physical Assault		Stalking
	Religious/Spiritual Matters		Physical Health Problems		Loss/Death of Significant Person
	Eating Problems/ Body Image Issues		Personal Growth/ Development		HIV+/ AIDS Issues
	Identity Confusion		Childhood Abuse (sexual, (physical or emotional)		Other:

Is there anything else you wish your counselor to know? _____

Name: (print) _____

Name (sign) _____ Date _____