

Couple Intake Form

PERSON ONE:		Today's Date		
Full Name				
Address				
City	State _		Zip Code	
Phone (home)	P	hone (cell)		
Phone (work)	E	mail		
Preferred way to be contacted: ☐ Home	□ Cell □	□ Work □	Email Mail	
Can I leave a phone message? ☐ Yes ☐	No Ca	n I send a te	xt? □ Yes □ No	
Relationship Status: Single Dating Engaged Married/Living with Partner Separated Divorced Widowed Single Parent Other: Age: Birthdate:		Caucasian / Vatino/a / His Middle Easte Native Amer nternational Biracial / Mu Other: Please would not le	n-American an-American White / Euro-American spanic (Please specify:)	
Gender: Male Female Other:	Previous	S Counseling None Therapist: (D	/Therapy Experiences:	
Spiritual / Religious Affiliation: □ Catholic □ Protestant □ Muslim □ □ Mormon □ Baptist □ Episcopalian □ □ Chinese Traditional □ Non-Denomina	☐ Luthera	n □ Metho	dist □ PCA/PCUSA □ Mennonite	
☐ I would not like to disclose				
Are you currently practicing your religion /	/ spiritualit	y? □ Yes	☐ No ☐ I would not like to disclose	

Please list any medications yo	u are currently taking	g and what they treat:		
Please list any other drugs you	are currently taking	(including recreational	<u>):</u>	
Please list any medical issues	you are currently rec	eiving treatment for:		
Please provide information ab	out your family:			
	Name	Occupation	Alive/Deceased	Age
Parent(s)				
Step-Parent(s)				
Sibling(s)				
Partner/Spouse Children				
Other				
In case of emergency:				
Local friend/relative (please h	_		p Phone	No.
1				
2				
What would you like to accom	nplish in therapy indi	vidually and/or togethe	<u>r?</u>	
1.				
2.				
<u>3.</u> 				

PERSON TWO: Full Name Address _____ City _____ State ____ Zip Code _____ Phone (home) ______ Phone (cell) _____ Phone (work) ______ Email _____ Preferred way to be contacted: ☐ Home ☐ Cell ☐ Work ☐ Email ☐ Mail Can I leave a phone message? \square Yes \square No Can I send a text? \square Yes \square No Relationship Status: Ethnic/Racial Origin: _____ Asian / Asian-American ____ Single ____ Dating _____ Black / African-American _____ Married/Living with Partner _____ Caucasian / White / Euro-American _____ Latino/a / Hispanic (Please specify: _____) ____ Separated ____ Divorced ____ Middle Eastern ____ Widowed _____ Native American / Indian ____ Single Parent _____ International _____ Other: _____ _____ Biracial / Multiracial (Please specify: _____ Other: Please specify: <u>Age</u>: _____ I would not like to disclose Referring Person/Agency: Birthdate: Previous Counseling/Therapy Experiences: Gender: ____ None ____ Male _____ Therapist: (Dates) _____ ____ Female _____ Other: _____ _____ Agency: (Dates) _____ Spiritual / Religious Affiliation: □ Catholic □ Protestant □ Muslim □ Hindu □ Buddhist □ Jewish □ Atheist □ Islamic ☐ Mormon ☐ Baptist ☐ Episcopalian ☐ Lutheran ☐ Methodist ☐ PCA/PCUSA ☐ Mennonite ☐ Chinese Traditional ☐ Non-Denominational ☐ Other: _____ Α

☐ I would not like to disclose	
Are you currently practicing your religion / spirituality?	Yes □ No □ I would not like to disclose
Please list any medications you are currently taking and what	they treat:
Page 3	

lease list any medical issues	you are currently reco	eiving treatment for:		
lease provide information ab	out your family:			
	Name	Occupation	Alive/Deceased	Age
Parent(s)				
Step-Parent(s)				
Sibling(s)				
Partner/Spouse Children				
Other				
case of emergency:	ovo ono not living vvi	th you) Polationshi	Dhona l	No.
case of emergency: ocal friend/relative (please has	ave one not living wi	th you) Relationshi	p Phone I	No.
case of emergency: ocal friend/relative (please har		th you) Relationshi	p Phone I	No.
case of emergency: ocal friend/relative (please harmonic)			- 	No.
case of emergency: ocal friend/relative (please have been determined). That would you like to accomp	nplish in therapy indi	vidually and/or togethe	- 	No.
case of emergency: cal friend/relative (please have been determined) hat would you like to accome	nplish in therapy indi	vidually and/or togethe	- 	No.
case of emergency: ocal friend/relative (please hand)	nplish in therapy indi	vidually and/or togethe	- 	No.
ocal friend/relative (please had be accomply)	nplish in therapy indi	vidually and/or togethe	- 	No.
case of emergency: cal friend/relative (please have)	nplish in therapy indiv	vidually and/or togethe	- 	No.
case of emergency:	nplish in therapy indiv	vidually and/or togethe	- 	No.