

Client Information - Couples  
All information will be kept confidential.

Name \_\_\_\_\_ Birthday and age \_\_\_\_\_

Phone(s)\* \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email(s)\* \_\_\_\_\_

\* Is it okay to leave voicemail or send email? \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

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

Marital/significant relationship status and length of relationship \_\_\_\_\_

\_\_\_\_\_

Children names and ages (if applicable) \_\_\_\_\_

\_\_\_\_\_

Emergency contact name, phone and relation \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

If you were referred, may I send a thank-you note to the above-named person? \_\_\_\_\_

Do you have any significant past or current physical illness? (Please describe):

Current medications and purpose:

Do you have any history of substance abuse, addictions, or treatment programs?

Previous or current mental health concerns?

Do you identify with a religious or spiritual tradition? (Please describe)

Have you had previous counseling experiences? Was it helpful? Why or why not?

What are the strengths of your relationship?

What do you want to accomplish in counseling?

Anything else that you feel I should know about (flip over for more space)