

## Intake Form for Couples Psychotherapy

(This information will be kept in confidence)

### General Information

Date: \_\_\_\_\_

Clients' Full Name: 1. \_\_\_\_\_  
*First, Middle, Last*

2. \_\_\_\_\_  
*First, Middle, Last*

Home Address: \_\_\_\_\_  
*Street, City, State, Zip Code*

Home Number: \_\_\_\_\_

Email: \_\_\_\_\_ / Email: \_\_\_\_\_  
*Name Name*

Is it okay to receive mail at this address with my name on the return address label? \_\_\_\_\_

Place(s) of Employment: 1. \_\_\_\_\_  
*Name / Occupation / Place of Employment / Address*

2. \_\_\_\_\_  
*Name / Occupation / Place of Employment / Address*

Alternative Numbers: \_\_\_\_\_ / \_\_\_\_\_  
*Name, Cell or Work Name, Cell or Work*

Birth Date / Age / Name: \_\_\_\_\_ Birth Date / Age / Name: \_\_\_\_\_

### Children

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

School Name: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

School Name: \_\_\_\_\_

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Do all of the above children live with you? Yes / No

If no, with whom do the children reside & Address: \_\_\_\_\_

### **Health / Medical Information**

List any medical conditions you and/or your partner have.

1. Name:
2. Name:
3. Name:
4. Name:

List any medications you and/or your partner are currently taking.

1. Name:
2. Name:
3. Name:
4. Name:

### **Clinical**

Have you or your partner received therapy before? If yes, when and for what reason?

What has brought you in today?

### **Emergency Contact Information**

Emergency contact & relationship (eg: Jane Smith / mother): \_\_\_\_\_

Emergency contact address & phone number: \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Additional comments or important information you would like me to know:**