

**COUPLES
CLIENT INFORMATION SHEET**

Today's Date _____

Name _____ Date of Birth _____ Age _____

Address _____

Phone #'s Home: _____ Work: _____ Mobile: _____

E-Mail: _____ I was referred by _____

In case of an emergency contact _____

WORK & STUDY

Occupation/Current Study _____

Employer/Source of Income _____

I like my work/studies:

Very much ___ Most of the time ___ Some of the time ___ Not at all ___

FAMILY OF ORIGIN

If living, how old is your: Mother _____ Father _____ Step- Parent(s) _____?

Are your parents: Married ___ Separated ___ Divorced ___?

If deceased, what was the age and cause of death? _____

How many sister(s) do you have? _____ brother(s) _____

What was your order of birth in the family? _____

CHILDREN

Do you have children? Girls/Ages _____ Boys/Ages _____

Stepchildren, or Co-parenting? _____

PHYSICAL HEALTH

My health is generally: Very good ___ Good ___ Fair ___ Poor ___

Physician / Primary Care Giver: _____

Physical problems, if any: _____

Are you taking any medications? Y ___ N ___ If so, what and why? _____

Do you use: Alcohol _____ If so, how often? _____

Other drugs or substances? _____

Have alcohol, other substances or processes ever been a problem for you? _____

Describe: _____

For your family or friends? _____ Describe: _____

Have you ever been in a 12-step recovery program? _____

PREVIOUS THERAPY

Have you had any previous therapy? _____ Approx. dates _____

Type(s) of therapy _____

Name(s) of therapist(s) _____

Did you benefit from the experience? How or how not? _____

RELATIONSHIP

When my partner is bothered by something and lets me know, I typically....

When something is bothering me in my relationship, I typically....

Something I'd like to do less of in my relationship is...

Something I'd like to do more of in my relationship is...

CURRENT ISSUES

Please list the areas/issues in your life that are creating the most difficulty for you:

Jot down any ideas you might have about what would help you in these areas:

Please list the areas/items that bring you the most enjoyment:

Imagine that you are leaving couples counseling after a meaningful period of time and you felt it was successful. How do you feel you might have changed? _____

Thank You For Your Time

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