New Journey Counseling, LLC

Couples Intake Form

Today's date: _____

Client Name: _____ DOB: _____ Age: _____

Who referred you to us: _____

Primary Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Relationship Status: Engaged ____ Married ____ Separated ____ Dating ____

Spouse/Partner name: _____ DOB: _____ Age: _____

Home Phone: _____ Work: _____ Cell: _____

Employer Name: _____ Spouse/Partner's Employer: _____

If married, how many years? _____

Is this your first marriage? Yes___No___ Is this your spouse/partner first marriage? Yes___No___

If no, list the number of prior marriages that you have had: _____ Spouse/Partner:_____

Information Regarding Children (If Applicable):

Name	Age	M/F	Custody Y/N

Briefly describe your reason(s) for seeking help at this time: _____
_____
_____
_____
_____
_____

Have you been to couple's counseling before? Yes ___No____ If yes,

Name of practice if known: _____

Therapist Name: _____

How long ago: _____ Length of time: _____

How long has this situation(s) been a problem? _____
_____
_____

What have you both already tried to cope with your current situation? _____
_____
_____
_____

Have you or your spouse/partner ever engaged in individual therapy? Yes___ No___

If yes, when and for how long? _____
_____

Spouse/Partner:
_____
_____

Have you or your spouse/partner been diagnosed with a mental illness? Yes ___ No___ If so, please specify:
_____

_____

_____

Do you or your spouse/partner see a psychiatrist? Yes___ No___ If so, why:

_____
_____
_____

_____

Please list all medication taking (Client):

Medication	Dosage	MD Prescribing Medication	Physician Number	Condition

Please list all medication taking (Spouse/Partner):

Medication	Dosage	MD Prescribing Medication	Physician Number	Condition

Do you or your spouse/partner abuse alcohol or drugs? Yes ____ No ____

If yes, have you or your partner received substance abuse treatment? Yes ____ No ____

If yes, with whom? _____

Do you or your spouse/partner have any medical problems? Yes____ No____ If so, explain:

Client: _____

_____

_____

_____

Spouse/Partner: _____

_____

_____

_____

What are your strengths as a couple? _____

_____

_____

What are your weakness as a couple? _____

_____

_____

What are 2-3 goals for your relationship?

1.

2.

3.