

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation/School \_\_\_\_\_

Emergency Contact Person and Number \_\_\_\_\_

Partner/Relationship status (married, engaged, dating, living together) \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

What brings you to counseling today? \_\_\_\_\_

Are either of you currently seeing a psychiatrist? \_\_\_\_\_

Are either of you currently taking any psychiatric medications? For anxiety, depression, sleep?

Please list: \_\_\_\_\_

Have you had previous counseling? Couple counseling? \_\_\_\_\_

Was it helpful? \_\_\_\_\_

Have either of you had any suicide attempts, self-destructive behaviors, or violent behaviors?

Please describe any past/present drug or alcohol use. Are you currently using drugs or alcohol?

How much? Is it affecting work or relationships? \_\_\_\_\_

Currently, what are your main worries or fears? \_\_\_\_\_

