



COUPLE'S INTAKE FORM

CONFIDENTIAL

Name _____ Today's Date _____

Contact information:

Address: _____

City: _____ State: _____ Zip: _____

Phone number (cell): _____ (home): _____ (work): _____

Email address: _____ Date of Birth _____

May I leave a voicemail on your cell or home number? (yes or no)

Emergency Contact (name): _____ (number): _____

How did you hear about our counseling services?

- Pre-service slide Service Flyer Guest Services Desk a Life Group
 Website Friend or Other?

Relationship Information:

- Single/Engaged Married Separated Divorced

Work / Educational History:

Are you employed? FT PT Unemployed

If unemployed describe current situation: _____

What type of work do you do? _____

Are you a student? Yes ____ No ____ If yes, where? _____

Course of study: _____

Highest level of education:

- GED High School diploma Bachelor's degree Master's degree Doctoral degree

Insurance Info:

Policy Provider: _____ Policy No. _____

Subscriber: _____ Subscriber's DOB: _____

Current family information:

List the full names of the all persons living in your home.

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are either of you divorced? List dates/length of previous marriages.

Present area of Concern:

What is the primary reason that brings you here today? _____

How long has this been a problem for you? _____

What do you hope to accomplish through counseling? _____

What have you done already to deal with the difficulties? _____

Have you received counseling in the past? (yes or no) If yes, briefly discuss the nature, duration and outcome.

What would you identify as your strengths overall? _____

Spiritual History:

Briefly describe your spiritual relationship with God (if any): _____

Physical History:

Are you presently under the care of a medical doctor? _____

If so, please list their name _____ contact # _____

Your physician will not be contacted without your written consent.

Are you presently on any medication? _____ If so, please list all and frequency:

Have you ever been hospitalized for substance abuse or any other psychiatric disorder.

Yes ____ No ____ If yes, explain _____

Please list any treating psychiatrist name & number _____

Emotional Status

Are you currently experiencing strong emotions? _____ If yes, describe _____

Do you make decisions based on your emotions _____ How well does that work for you?

Have you had any thoughts or attempts of suicide? _____ If so, when _____

Do you have any thoughts now? _____

Are you experiencing any of the following:

- | | | |
|-----------------------------|----------------------------------|-------------------------|
| _____ Jealousy | _____ Financial issues | _____ Feelings of guilt |
| _____ Abandonment | _____ Passive aggressive | _____ Anger/rage |
| _____ Alcohol/drug abuse | _____ Intimacy problem | _____ Shame |
| _____ Withdrawn | _____ Affair(s)-emotional/sexual | _____ Phobias |
| _____ Lack of communication | _____ Compulsive behaviors | _____ Anxiety |

____ Spiritual issues

____ Conflict avoidance

____ Depression

____ Panic attacks

____ Sexual problems

____ Nightmares

____ Mood Instability

____ Suicidal thoughts

____ Eating Issues

____ Uncontrollable fears

____ Controlling behaviors

____ Low self-worth

Is there a history of any of the following in your family? Please indicate relation to each one identified (self, mother, father, stepparent, brother, sister, child, grandparent, or other type of guardian, i.e. aunt or uncle).

	Relation	Presently Occurring	Past
Divorce			
Alcohol abuse			
Drug abuse			
Suicide			
Physical abuse			
Eating disorder			
Sexual abuse			
Sexual addiction			
Mental illness			
Chronic physical illness			

Other:

Is there anything else that is important for me as your therapist to know, and that you have not written about on any of these forms? If yes, please discuss here:

COUNSELING AGREEMENT

As part of the counseling process, I understand that I may be required to follow through with homework exercises such as reading, changing behaviors, praying, or other initiatives that will serve my best interest. Ultimately I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling. _____ Initial

I further understand that my progress will be a direct result of my honesty, the work that I will put into resolving my issues and my willingness to move forward even if it is painful and difficult. _____ Initial

I understand that my communication with my counselor is strictly confidential and will not be released to anyone without my consent, unless I am in violation of codes of abuse – physical or sexual, a harm to myself or others. By law, my counselor is required to report such exceptions to the proper authorities in order to protect myself and/or those in danger. _____ Initial

Additionally, my counselor may consult with another therapist regarding my case. This therapist will also be bound by the same confidentiality laws, that being said, my name and identity will remain anonymous. _____ Initial

I understand that I will pay in full for each session (**50 minutes**). The rate is \$95/session. I understand that I will pay the **\$95 cancellation fee** for appointments not cancelled with **24 hours notice**. You may notify your therapist by phone to cancel or reschedule. _____ Initial (954)755-7767 x105 or (954)282-9648.

Finally, although we meet in a church setting, I understand that if I see my counselor outside of the counseling sessions she will not discuss my sessions outside of my scheduled visits. This is protect the boundaries of the counselor/client relationship. _____ Initial

I acknowledge that I have read this agreement in its entirety and agree to the conditions set forth.

_____ Date _____
(Client or Parent Guardian Signature)

_____ Printed Name

_____ Printed Name