

COUPLE INTAKE FORM

Today's Date: _____

Clients: _____ / _____ / _____ / _____ / _____
 first middle last age date of birth

_____ / _____ / _____ / _____ / _____
 first middle last age date of birth

Phone
Information: _____ / _____ / _____ / _____
 name home work cell

_____ / _____ / _____ / _____
 name home work cell

Address: _____

Preferred email address _____

Have either of you previously received counseling or therapeutic help? () yes () no
Do you have any thoughts regarding this work that you would like me to know?

Have either of you suffered a major depressive episode or attempted suicide? () yes () no
Please provide more details if you can do so.

In the event of an emergency, please list the name and phone numbers of a relative or close friend who could give legal consent for your treatment:

How did you hear about my practice? _____

If you were referred, may I thank this person for referring you or would you rather your visit be anonymous? () yes, you may thank () no, I wish my visit to remain anonymous

If it becomes necessary for me to send some correspondence or speak to you, do I have your permission to use the contact information listed? () yes, you may send to home address; () please do not use my home address.

Billing:

Person responsible for account, *if other than you*: _____ / _____ / _____
first name middle last

address

_____/_____/_____/_____
city state zip employer and phone number

_____/_____
phone number date of birth

The above information is true and accurate to the best of my knowledge

client signature date

client signature date

I have read both the "Office Policies and General Information Agreement" and "HIPPA Notice of Privacy Practices". I understand them and agree to comply with them.

Client name (print) Date Signature

Client name (print) Date Signature