

COUPLES INTAKE FORM

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ His Cell: _____

Her Cell: _____ Which of these is the best way to reach you? _____

Email Address: Him: _____

(for newsletter mailing list) Her: _____

Date of Birth (Him): _____ (Her) _____ Yrs. Married: _____ Anniversary: _____

Previous marriages? Him _____ How Many? _____ If applicable, how long was each marriage?

Previous marriages? Her _____ How Many? _____ If applicable, how long was each marriage?

Are your parents divorced? Him _____ How old were you? _____ Her _____ How old were you? _____

Do you have any siblings? Him _____ Her _____ If so, how Many? Him _____ Her _____

Where are you in the birth order? Him _____ Her _____

Please give the following information for each person that currently lives in your home, **including yourself**.

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please also list any other people in your immediate family who may not be living in your house:

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____

Continued (Couples Intake Form)

EXPLAIN THE ISSUES THAT ARE BRINGING YOU TO COUPLES COUNSELING:

BACK GROUND INFORMATION:

Do you currently attend church? _____ Which church do you attend? _____

Occupation? Him _____ Her _____

Are there any adoptions in the family (his/hers)? _____

Have you ever seen a therapist before for couples counseling? ___ Was it helpful and how?

How did you hear about Christian Counselors of Mooreville? _____
