

INTAKE FORM FOR COUPLES

Name: _____ Birth Date: ____ / ____ / ____ Age: ____

Address: _____ City _____ State ____ Zip ____

Home Phone: _____ Cell/Other Phone _____

E-mail: _____ May we email you? Yes No

**Please note: Email correspondence is not considered to be a confidential medium of communication.*

Name: _____ Birth date: ____ / ____ / ____ Age: ____

Address _____ City _____ State ____ Zip ____

(If different from above)

Home Phone: _____ Cell/Other Phone: _____

E-mail: _____ May we email you? Yes No

**Please note: Email correspondence is not considered to be a confidential medium of communication.*

How long have you been together? _____

Do either of you drink? _____ How often? _____

Do either of you take drugs? _____ What kind? _____

_____ How often? _____

Are either of you taking any medications? _____ If yes, what kind? _____

Reason for Medication? _____

Have either of you ever been hospitalized for psychiatric reasons? _____ If yes when? _____

How is your current physical health? _____

How did you find us? _____

What do you all hope to gain by coming here? _____