

KELSEY VINCENT PSYCHOTHERAPY

COUPLE INTAKE FORM

Demographics

Relationship Status: (circle all that apply) It's Complicated Open Relationship Monogamous
Committed Cohabiting Engaged Married (____years married) Separated Divorced

Partner 1:

Name: _____ Address: _____

Phone: _____ Email: _____

Do you give consent to be contacted via the above methods? Yes No

If no, please specify preferred method of contact: _____

Age: _____ DOB: _____ Gender Identity: _____

Ethnic Identity: _____ Religious Affiliation: _____

Employer: _____ Occupation: _____

Partner 2:

Name: _____ Address: _____

Same as above

Phone: _____ Email: _____

Do you give consent to be contacted via the above methods? Yes No

If no, please specify preferred method of contact: _____

Age: _____ DOB: _____ Gender Identity: _____

Ethnic Identity: _____ Religious Affiliation: _____

Employer: _____ Occupation: _____

Children (if applicable)	Name(s)	Age(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you find me? Psychology Today Google Bing Yahoo Yelp
 Map Search Referral Other

Please specify if applicable _____

Mental Health History:

Has anyone in the immediate family been diagnosed with a mental health disorder? Yes No

If yes, who and what dx? _____

Is anyone in the immediate family currently prescribed medication? Yes No

If yes, who, what medication and how much? _____

Has anyone in the immediate family currently or historically been suicidal? Yes No

If yes, who and when? _____

Has anyone in the immediate family been hospitalized for mental health related issues?

Yes No

If yes, who and when? _____

Is anyone in the immediate family currently receiving counseling services with another professional? Yes No

If yes, who and for how long? _____

Do you or your partner drink alcohol to intoxication or take drugs to intoxication? Yes No

If yes, who, how often, and what substances are used? _____

Has anyone in the family ever struck, physically restrained, used violence against, or injured any person within the family? Yes No

If yes, please explain: _____

Reasons for Seeking Couples Therapy: _____

Have either of you considered separation or divorce (if married) as a result of current relationship problems? Yes No

Have you had any previous couples therapy? Yes No

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____