

Intake Form - Couples

Please complete the following information prior to your first session.

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Relationship Status _____ Length of time in relationship _____

What are the issues for which you are seeking help?

1. _____

2. _____

3. _____

What have you done to deal with these issues?

What are your treatment goals?

What are your biggest strengths as a couple?

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What are your biggest challenges as a couple?

Signature _____

Date _____

Signature _____

Date _____