COUPLE INTAKE FORM

PATIENT INFORMATION

Full Name (First, MI, Last):_____ Sex: Male___ Female___

Address:_____ Birthdate:_____

City:_____ State:_____ Zip:_____ Soc. Sec.#_____-___-____

Home Phone: _____ Cell:_____ Work:_____

Email:_____

RESPONSIBLE PARTY (If Minor) OR EMERGENCY CONTACT

Full Name:_____ Home Phone:_____

Address:_____ Cell or Work Phone:_____

City: _____ State:_____ Zip:_____

Relationship to Patient:_____

How did you find Dr. Ward? (Phonebook, Website, Friend/Family, Referred, Other)

If referred, by whom?_____

GENERAL INSURANCE INFORMATION

Marital Status: _____ Employment Status: _____

Is patient's condition related to: Employment____, Accident_____ ?

INSURANCE COMPANY INFORMATION – POLICY HOLDER

First Name:_____ MI:_____ Last Name:_____

Address:_____ Home Phone:_____

City:_____ State:_____ Zip:_____ Work/Cell Phone:_____

Birthdate:_____ SS#:_____-____-_____ Sex: Male____ Female____

What is your relationship to the policy holder? Spouse____ Child_____ Self_____ Other_____

Employers Name:_____ Is this your employer's health plan? Yes____ No____

Is your signature on file?_____ Will this be covered by an EAP program? Yes____ No____

EAP contact name:_____. What is your EAP Authorization Number?_____

If there is another Health Benefit Plan, please complete another intake form and write "Secondary Insurer" on the top of the form.

AUTHORIZATION SIGNATURES (insured's or other authorized persons)

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party below.

I authorize payment of medical benefits to the undersigned physician or supplier for services.

Signed:_____ Date:_____ Signed:_____ Date:_____

Instructions: To assist us in helping you, please fill out this form as fully and openly as possible. Your answers will help plan a course of couple's therapy that is most suitable for you and your partner. Do not exchange this information with your partner at this time. Several of your answers on this form may be shared later with your partner during joint therapy sessions if you give us permission to share this information. For this reason you are advised to respond honestly and carefully to each item. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

Briefly, what is your main purpose in coming to couple's counseling?

_____
_____
_____
_____

Have you been married before? Y / N Have you cohabited with someone before? Y / N

If Yes, how many previous marriages have you had?____ How many previous cohabitations?____

Give length and dates of any previous relationships, and briefly explain why they ended:

_____
_____

How long have you and your partner been in this relationship? _____ yrs, _____months

Are you and your partner presently living together? _____ Yes _____ No

Are you and your partner engaged to be married? _____ Yes When? _____ ____ No

BASIC BACKGROUND INFORMATION

Marital Status:

___ Married ____ Cohabiting ___ Divorced ___ Separated ___ Widowed ___Single

Children (name and age):_____

Persons living in your home:_____

Religious affiliation:_____ Active in Faith? _Y/N_ Military Experience _____

Work Status:_____ Type of work:_____

Education: Highest Grade Completed _____ Degree:_____ Other:_____

Any risk of harm to self/others that you are aware of at this time? Yes / No

If yes, please explain:

Problem Checklist – please check all that apply:

- ☐ Communication
- ☐ Conflict resolution
- ☐ Domestic Violence
- ☐ Emotional Abuse
- ☐ Substance use (alcohol, drugs, smoking)
- ☐ In-laws and kin
- ☐ Diet and food issues
- ☐ Children (having or raising?)
- ☐ Health
- ☐ Finances
- ☐ Sex & sexuality
- ☐ Religion
- ☐ Division of household labor (chores)
- ☐ Recreation
- ☐ Power and respect
- ☐ Career Decisions
- ☐ Time spent together
- ☐ Stage of life issues
- ☐ Social Relationships
- ☐ Balancing work & family
- ☐ Anger management
- ☐ Communication/conflict resolution
- ☐ Commitment
- ☐ Intimacy
- ☐ Romance
- ☐ Affection
- ☐ Honesty and openness
- ☐ Attraction levels
- ☐ Recreational companionship
- ☐ Admiration
- ☐ Issues from the past
- ☐ Trust
- ☐ Jealousy
- ☐ Handling stress
- ☐ Affair(s) or infidelity
- ☐ Custody issues
- ☐ Behavior of adult children
- ☐ Health problems in the family
- ☐ Personal health problems
- ☐ Excessive Computer use
- ☐ Problems with pornography
- ☐ Interpersonal problems
- ☐ Distance from loved one
- ☐ Anxiety
- ☐ Depression
- ☐ Grief
- ☐ Other:_____

Please explain any of the problems you checked above that require the most attention:

_____

_____

_____

_____

_____

_____

On a scale of 1 – 10 (10 being the best), rate the following aspects of your relationship:

1. Your commitment: _____
2. Your partner's commitment: _____
3. Intimacy (emotional/physical) _____
4. Passion/Romance _____
5. Partner's acceptance of you _____
6. Your acceptance of partner _____
7. Communication _____
8. Trust _____

Please write your answer to the following questions:

1. Are you here because you really want help, or are you here because you have already made up your mind to divorce? _____
2. What choices, thoughts, and moods are YOU in control of that create distress in your relationship? _____

   _____

3. What choices, thoughts and moods come from your partner that create distress in the relationship?_____

   _____

4. What have you tried to do about your concerns?

   _____

5. Tell me one or two good things that exist about the marriage as it exists right now.

   _____

   _____

6. What does your partner do that makes you feel loved? _____

   _____

7. What do you do for your partner to convey your love? _____

   _____

8. Which of the following basic needs do you expect your spouse to provide?
   Check all that apply, and star your top 1 or 2 needs:

   - ○ Sex (adequate quantity and quality)
   - ○ Recreational Companionship (together activities)
   - ○ An attractive spouse (seeing spouse as appealing)
   - ○ Domestic Support (laundry, cleaning, organizing, cooking)
   - ○ Admiration/appreciation from spouse
   - ○ Affection (endearing words, good touch, hugs, etc)
   - ○ Honesty and Openness (no defensiveness)
   - ○ Conversation (regular friendly talk, sharing facts & feelings)
   - ○ Financial Support
   - ○ Family Commitment (involved in family life)
   - ○ Other:_____

9. How are the above needs best met by your spouse?

_____

10. Do you believe that your partner has good will towards you? Y / N Cares for you? Y / N
11. What do you want your partner to know about you that you think he/she doesn't know?

_____

12. What problems outside the home are creating stress in your relationship?

_____

13. What personal problems are creating stress in your relationship?

_____

14. What additional information would you like for me to know about you, your relationship, and/or what you want out of couples therapy?

Appointment Reminders and Online Appointment Scheduling

You can receive an appointment reminder to email, cell phone text, or home phone a day before your appointment. You can also schedule online at any time. Once your account is established, you simply visit www.therapyappointment.com. If you want to utilize this service, please complete the following:

Requested Login Name:_____ Requested Password: _____

Your Email address:_____@_____

Your Cell Phone Number:_____-_____-_____. Your service carrier:_____

Where would you like to receive appointment reminders? (check one)

_____ via a text message (normal text message rates will apply)

_____ via an email message

_____via an automated telephone message to my home phone

_____ None of the above. I'll remember my appointments on my own. (missed appointment fees will still apply.

Appointment information is considered to be "protected health information" under HIPAA. By my signature, I am waiving my right to keep this information completely private, and requesting that it be handled as I have noted above.

_____ _____

Signature Date