



Couple Information and History

Today's date: _____

(*partner 1) Name: _____ Date of birth: _____ Age: _____

(*partner 2) Name: _____ Date of birth: _____ Age: _____

Home street address: _____

City: _____ State: _____ Zip: _____

Home (if applicable) _____

(partner 1) Cell () _____ - _____ email: _____ @ _____ . _____

(partner 2) Cell () _____ - _____ email: _____ @ _____ . _____

(*if separate addresses put partner number and info below)

partner __ Name: _____ Date of birth: _____ Age: _____

Home street address: _____

City: _____ State: _____ Zip: _____

Employment:

Employer Husband: _____ Job Description: _____

Employer Wife: _____ Job Description: _____

Military experiences

Yes _____ No _____ (if yes, branch and years served _____)

Children

Names	Age	Sex	Grade	Lives at home?	Step?

Education: (check boxes that apply)

Husband

High School grad _____ College _____

AA _____

BA _____

MA _____

Phd _____

Other _____

Wife

High School grad _____ College _____

AA _____

BA _____

MA _____

Phd _____

Other _____



Couple Information and History

Religious Background

Husband

Religious background: _____

Do you attend a church? _____

Name of church: _____

Is your faith an important part of your life Yes__ No__

Wife

Religious background: _____

Do you attend a church? _____

Name of church: _____

Is your faith an important part of your life Yes__ No__

Medical/Psychological

Husband

Past counseling: Yes__ No_____

Treatment for: _____

Approximate number of sessions attended: _____

Was treatment helpful? Yes__ No__

Current medical conditions _____

Medications _____

Wife

Past counseling: Yes__ No_____

Treatment for: _____

Approximate number of sessions attended: _____

Was treatment helpful? Yes__ No__

Current medical conditions _____

Medications _____

Marital History

How long have you been married (or together if not married)? _____

How long did you date? _____

How long was your engagement? _____

Have you been in couples counseling before? Yes__ No__ If "yes" how long? _____

Was the counseling helpful? Yes__ No__

Approximate number of sessions attended: _____

Goals for Therapy

What do you want to accomplish in couples counseling? (if different answers put your name by your answer)
