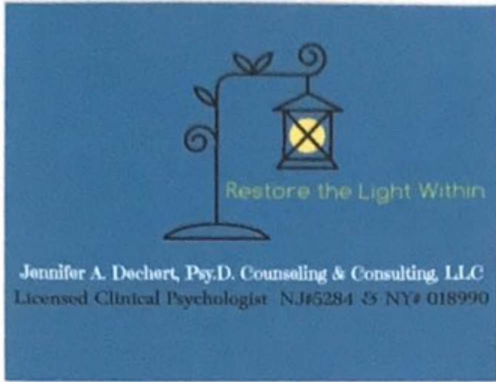

JENNIFER A. DECHERT, PSY.D COUNSELING & CONSULTING, LLC

LICENSED CLINICAL PSYCHOLOGIST (NJ#5284 & NY#018990)

Couples Counseling Intake Form

Name: ____

Address: ____

Telephone (primary and secondary): ______________________________

Birthdate: ______________ Occupation: ______________________

Spouse/Partner's Name: ____________________________________

Address (if different): ____________________________________

Telephone (primary and secondary): ______________________________

Birthdate: ______________ Occupation: ______________________

Relationship Status (check all that apply): □ Married □ Separated □ Divorced □ Dating □ Living together □ Living apart

Length of time in current relationship: ___________

Children (including, biological, adopted, foster, step): Name __________________ Sex _____ Age ____ Custody __________ Name __________________ Sex _____ Age ____ Custody __________ Name __________________ Sex _____ Age ____ Custody __________ Name __________________ Sex _____ Age ____ Custody __________

Please check any of the reasons listed below that resulted in your request for counseling: □ Depression or anxiety □ Alcohol/drug abuse □ Communication difficulties □ Improve sexual relations □ Child/parent conflict □ Divorce counseling □ Learning difficulties □ School/work problems □ Sexual orientation questions □ Family counseling □ Individual counseling □ Relationship enhancement □ Grief □ Thinking of harming self □ Thinking of harming others □ Pre-marital counseling □ Abuse (physical/mental/sexual)

What is your primary reason for seeking counseling at this time? ____________________
____

What would you like to accomplish in counseling: ____________________________

____

____

What have you already done to deal with the difficulties: ____________________

____

____

What are your biggest strengths as a couple: ____________________________

____

____

Have either of you ever received counseling before? If yes, where, when, and with whom?

____

____

Referred by (if any): ____

Emergency contact (client 1): ______________________________________

Phone/Address: ____

Relationship: ____

Emergency contact (client 2): ______________________________________

Phone/Address: ____

Relationship: ____

Signed ______________________________ Date ______________

Signed ______________________________ Date ______________