



NOLA Counseling Center

COUPLE INTAKE FORM

Date: ____/____/____

Client Information

Name: _____

US Citizen? Yes No

Home Address: _____

If no, immigration status: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ Age: _____

Home Phone: _____

Marital Status: Single Cohabiting
 Married Separated Divorced

Cell Phone: _____

Number of marriages (including current) for You _____
Your partner _____ Years of current
marriage/relationship _____

Email Address: _____

Preferred method of contact: Call Text Email

Schooling (highest level completed):

- Elementary school
- High School
- College
- Post College
- Trade School
- GED

Current employment: Where _____ Position _____

If unemployed, why? _____

Spouse Name: _____

US Citizen? Yes No

Home Address: _____

If no, immigration status: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ Age: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Preferred method of contact: Call Text Email

How did you hear about us?

- GoodTherapy.org Psychology Today
- Website Friend/Family member
- Other (specify) _____

Schooling (highest level completed):

- Elementary school High School College Post College Trade School GED

Current employment: Where _____ Position _____

If unemployed, why? _____

Please list below all children from this or previous marriages/relationships whether or not they live in your household. Name(s) Age Gender

Please list below any medication(s) members of your family are currently taking. Name Medication Dosage

Medical Concerns:

Name of Physician: _____ Phone: _____

Date of last physical: _____

Current Mental Health Service Providers: _____

Are you willing to sign a release of information for me to coordinate care with them?: yes / no

Any Past Service Providers (therapists, psychiatrists, etc.):

Are you willing to sign a release of information for me to coordinate care with them?: yes / no

Has any member of your family ever participated in counseling or therapy? Yes No Who?

Reason(s)? _____

What led you to end counseling or therapy? _____

Presenting Problems

Briefly describe your current difficulties:

How long has this problem been of concern to you?

Please check any of the following that have been an issue with individuals or relationships in the family:

- Drinking Problem
- Drug Problem
- Depression
- Anxiety
- Disordered Eating
- Parenting Stress
- Sexual Problems
- Legal Problems
- Financial Difficulties
- School Problems
- Chronic Stress
- Acting out Children
- Physical Abuse
- Physical Aggression (pushing, slapping, etc)
- Suicide attempts
- Sexual Abuse
- Controlling or verbal abuse
- In-Law or extended family problems

Describe any major event(s) that might be related to the problem (e.g., death, divorce, abuse, etc.)

How do you hope counseling can help? _____

Family History

Are there any medical illnesses that run in your family?

Yes No – If yes, details: _____

Is there anyone in your family who has had problems with anxiety or depression?

Yes No – If yes, details: _____

Is there anyone in your family who has had any other psychiatric illness?

Yes No – If yes, details: _____

Is there anyone in your family who has abused drugs?:

Yes No – If yes, details: _____

Is there anyone in your family who has had seizures or other neurological problems?

Yes No – If yes, details: _____

Is there anyone in your family who has abused alcohol?

Yes No – If yes, details: _____

Is there anyone in your family who has had attentional problems or learning disabilities?

Yes No – If yes, details: _____

Is there any history of sexual/physical/emotional abuse in your family?

Yes No – If yes, details: _____

Social History

Briefly describe the role that religion and spirituality play in your life and your partners life:

Have you or your partner served in the military?

Yes No – If yes, details: (highest rank, special honors, duties, discharge status)

Have you or your partner ever been in trouble with the law?

Yes No – If yes, describe: _____

Signature of person filling out form: _____ Date: _____