

# Couple Information

Each Individual Fills Out a Separate Form

## Personal Data

Name:

Street Address:

City, State, Zip Code

Home phone:  
Cell phone:  
Email address:

Date and Place of Birth:

Social Security Number:

Current Marital/Partner Status:

If Married, Date of Marriage or Remarriage:

Names and Ages of Children from Current Marriage:

Dates of Prior Marriages:

Names and Ages of Children from Prior Marriages/Relationships

## Medical Information

Current Medical Conditions:

Medications You are  
Currently Taking:

Hospitalizations Within the Past Five Years:

## Recent Context

Significant changes in your life (illnesses, change of marital status, deaths, job changes etc.) in the past five years:

Reasons for seeking therapy:

## Previous or Concurrent Treatment

Dates of Previous or Concurrent Therapy and Reasons for Seeking Treatment:

Names of Previous or Concurrent Therapists:

## Payment Information

Payment is due at the time of service. The fee is \$155 per session. Most insurance assignments are not accepted, but your therapist will assist you if you believe a third-party payor will contribute a portion of your bill. The therapist does not negotiate the above fee with insurance companies. Sessions not cancelled 24 hours in advance will be billed.

---

Signature

---

Date