

Couples Therapy Intake Form

Personal Information

Partner 1:

Name:

Age:

Gender:

Phone Number:

Email:

Occupation:

Partner 2:

Name:

Age:

Gender:

Phone Number:

Email:

Occupation:

Relationship Information

How long have you been together?

Are you married?

How long have you been married?

Do you have any children?

Previous therapy or counseling (individually or as a couple)?

Presenting Problems

What issues are you currently experiencing in your relationship?

Goals for Therapy

What do you hope to achieve through couples therapy?

Health Information

Any physical or mental health concerns (current or past)?

Consent to Therapy

Confidentiality Agreement & Limits of Confidentiality:

All information shared in therapy sessions is confidential, except as required by law or in cases where there is a risk of harm to oneself or others.

Consent to Treatment:

By signing below, both partners consent to participate in couples therapy and agree to the above-mentioned terms.

Signature - Partner 1:

Date:

Signature - Partner 2:

Date: