

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 \$ 95.00 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