

COUPLE INFORMATION FORM

CONTACT INFORMATION

Date _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Okay to leave msg? _____

Email Address _____

Emergency Contact _____ Ph _____

Psychiatrist or MD _____ Ph _____

Birthdate _____ Children? _____ Ages _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Okay to leave msg? _____

Email Address _____

Emergency Contact _____ Ph _____

Psychiatrist or MD _____ Ph _____

Birthdate _____ Children? _____ Ages _____

Relationship Status _____ Referred by _____

Rachel Cahn, MA, LPC

NAME _____

Reason(s) for seeking therapy at this time (Circle all that apply):

- | | | | | |
|-----------------|---------------------|------------------|-------------------|--------------------------|
| General Anxiety | Relationship Issues | Life Transition | Grief and/or Loss | Substance Abuse |
| Depression | Family Problems | Spiritual Issues | Loneliness | Past Sexual Abuse |
| Panic Attacks | School Issues | Chronic Illness | Low Self Esteem | Food/Eating Issues |
| Nightmares | Job Issues | Stress | Fear/Phobia | Suicidal Thoughts |
| Self-harm | Attention Issues | Personal Growth | Social Anxiety | Others suggested therapy |

Goals for Therapy _____

Briefly Describe major losses or trauma _____

Previous Individual Therapy? _____ When and for how long? _____

Was it helpful? Why or why not? _____

Previous Couples Therapy? _____ When and for how long? _____

Was it helpful? Why or why not? _____

Have you ever engaged in self-harming behaviors? _____ If so, when? _____ Now? _____

Please describe _____

Have you ever been hospitalized for mental health issues? _____ If so, when? _____

Please describe _____

Have you ever attempted suicide? _____ If so, when, how, and what happened? _____

Drug/Alcohol use (past and present): _____

Significant Medical Conditions (past and present) _____

Prescribed Medications (past and present) _____

Do you have a spiritual path or religious affiliation? _____

Occupation: _____ Education _____

Rachel Cahn, MA, LPC

NAME _____

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