

Couple Therapy Information Form

Full Name including (nickname) _____

Phones- home _____ work _____ cell _____

Date of birth _____ age _____

Relationship status: dating, married, have a partner, separated, engaged (circle one)

Questions about what brings you to couples therapy
(Use the back of the sheet for any of these if you need the space)

How long has the relationship not been what you had hoped or desired?

What is most difficult about the relationship for you?

If possible, describe a common scenario that reflects the state of this relationship.

Goal(s) for couple therapy?

Greatest fear related to coming to couple therapy?

Have you been in individual _____ or couple _____ therapy previously?

With whom?

When?

Would you like me to contact that therapist(s)?

Stan Yancey, MSW, MDiv
Licensed Clinical Social Worker and Certified Pastoral Counselor
Phone 919.215.0536

Your Family

Children – please list them by name and age with gender, and if include if by previous marriage, adopted, and if they are living with you at home or not.

Other persons that live at home with you _____

Pets _____

Your Family of Origin

Please list family that you grew up with, including their present age, or age when they died

Mother _____ Father _____

Step parents _____

Sisters and Brothers _____

Any other persons in your household _____

Are you aware of any themes in your relationship that you saw in your family growing up, for instance a way your parents related? Use the back if necessary.

Please **circle** any of the following that **apply to you?**

criticize self too much	concerned about someone's alcohol use
headaches	concerned about someone's drug use
stomach problems	gambling concerns
other health problems	pornography concerns
job related concerns	violent/harmful behavior by you
feeling depressed	violent/harmful behavior by someone else
weight gain	weight loss
sexual concerns	suicidal thoughts
lack of friends	financial problems
spiritual concerns	grief and loss
lonely	anxiety
religious concerns	spiritual concerns
alcohol misuse/abuse	drug misuse/abuse
out of control spending	anger concerns
codependency concerns	boundaries concerns
parenting concerns	step-parenting concerns
lack of friends	

Do you use alcohol? _____ If so, how often, and how much? _____
 Do you use drugs? _____ Is so, how often, and how much? _____

Current prescription medication you are taking _____

Have you ever gotten a DUI or had any other type of charge related to alcohol or drug use? _____ If so, when? _____

Educational background

Highest level of school attended: _____

Name of college/university/community college/certificate program attended _____

Diploma/Degree/Certificate _____

Further study plans _____

Work life

Place of Employment _____ Length of time there _____

Position _____

Describe how you feel about your work _____

Insurance Information

Name of insurance _____

Insurance Identification Number _____

Insurance Group Number _____

Who referred you to me? _____

I like to write a simple thank you note to persons that refer to me. If this is okay, please initial here _____. I include no confidential information, and certainly will not do it if you prefer me not.

Further Information

Please use the backs if needed to let me know about anything that you have not previously mentioned; that you believe might be important for our work together.

Please know that couple therapy typically takes some time. Relationship deterioration and improvement both take time. Please keep me aware of your level of hope/frustration etc. with the process.

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