L.Freer Counselling RTC
Change begins with the first step

Couples Client Intake Form

Please provide the following information and answer the questions below. Please note: information that you provide here is protected as confidential information.

Husband:

Name: _____

Age : _____ Employment: _____

Are you currently taking any prescription medication? _____

Wife:

Name: _____

Age: _____ Employment: _____

Are either of you currently taking any prescription medication?

_____

How long have you been married? _____

Children: _____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

Address: _____

Phone: _____ May I leave a message? _____ Yes _____ No

Email: _____ok to email you? ____ Yes ____ No
(Please note: Email correspondence is not considered to be a confidential medium of communication).

Referred by (if any) : _____

Is this your first counselling session? ___Yes ___No

_____

Do either of you drink alcohol? _____. Cannabis? _____

How often:_____

How would you rate your physical health:
Poor Satisfactory Good Very Good

Please list any health problems you are having: _____

_____

Are either of you currently experiencing overwhelming sadness, grief or depression? ____ Yes ____ No

If yes for how long?: _____

Are either of you currently experiencing anxiety, panic attacks or have any phobias? _____ Yes ____ No

_____

Would you consider yourself to be spiritual or religious? _____Yes _____No. _____

What would you like to accomplish out of your time in therapy?

_____

_____

_____

_____

_____