

DATE: \_\_\_\_\_

**SPOUSE/PARTNER ONE:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_ M / F RACE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SPOUSE/PARTNER TWO:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_ M / F RACE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**DEMOGRAPHICS:**

- |         |           |            |         |
|---------|-----------|------------|---------|
| SINGLE  | DATING    | COMMON-LAW | ENGAGED |
| MARRIED | SEPARATED | DIVORCED   | WIDOWED |

NUMBER OF YEARS TOGETHER: \_\_\_\_\_ NUMBER OF YEARS SEPARATED: \_\_\_\_\_

NAME OF CHILD/CHILDREN:

AGE:

D.O.B:

HIS/HERS/OURS

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FAITH: SPOUSE/PARTNER ONE** (Please circle)

ATHEIST    AGNOSTIC    CHRISTIAN    JEWISH    MUSLIM    HINDU    OTHER

**FAITH: SPOUSE/PARTNER TWO** (Please circle)

ATHEIST    AGNOSTIC    CHRISTIAN    JEWISH    MUSLIM    HINDU    OTHER

**COUNSELLING/MEDICAL HISTORY:**

Have you OR your partner ever been involved in therapy or any type of counseling program? **Y / N**

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you AND your partner ever been involved in therapy or any type of counseling program? **Y / N**

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

Are you OR your partner in treatment with another counselor at this time? **Y / N**

If yes, spouse/partner one is seeing? \_\_\_\_\_

If yes, spouse/partner two is seeing? \_\_\_\_\_

Have you OR your partner ever been hospitalized for any mental health issues/concerns? **Y / N**

If yes, who? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you OR your partner ever been, or are you currently being treated for any type of chemical dependency or abuse? **Y / N**

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

By whom? \_\_\_\_\_ Length of treatment? \_\_\_\_\_

Have you OR you partner used any type of chemical substance? **Y / N**

If yes, please indicate what chemical substance you have used: \_\_\_\_\_

If yes, please indicate what chemical substance your partner has used: \_\_\_\_\_

How frequently do you use these substances? (Please circle)

Daily      Weekly      Social      Seldom      Rarely      Never

How frequently does your partner use these substances? (Please circle)

Daily      Weekly      Social      Seldom      Rarely      Never

How frequently do you consume alcohol? (Please circle)

Daily      Weekly      Social      Seldom      Rarely      Never

How frequently does your partner consume alcohol? (Please circle)

Daily      Weekly      Social      Seldom      Rarely      Never

Are you currently prescribed medication? **Y / N**      If yes, what are you medicated for?

NAME: \_\_\_\_\_ PRESCRIBED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ PRESCRIBED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ PRESCRIBED FOR: \_\_\_\_\_

Is your partner currently prescribed medication? **Y / N** If yes, what are they medicated for?

NAME: \_\_\_\_\_ PRESCRIBED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ PRESCRIBED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ PRESCRIBED FOR: \_\_\_\_\_

**REASON FOR SEEKING COUPLES COUNSELLING:**

**Spouse/Partner One:**

What is your reason for seeking counselling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you expect from therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Spouse/Partner Two:**

What is your reason for seeking counselling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you expect from therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for taking the time to fill out this intake form. All information will be kept confidential.**

**If any questions or concerns arise, please feel free to discuss them with your counsellor.**