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CONFIDENTIAL COUPLES INTAKE FORM

Name: _____ Date: _____
Okay to send US mail? Yes No

Address: _____

D.O.B./Age / Ethnicity: _____

	Okay to call / Email /Text?	Okay to leave message?
Home Phone: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cell Phone: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Text Message: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	

In case of an emergency, please provide a name and number:

Name of Spouse or Partner: _____

Relationship Status: (check all that apply) Married Separated Divorced Dating Living together

Length of time in current relationship: _____ Previous Marriage: _____

As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in time?

Concern No concern Little concern Moderate concern Serious concern Very serious concern

Frequency No occurrence Occurs rarely Occurs sometimes Occurs frequently Occurs nearly always

What do you hope to accomplish through counseling?

What are your biggest strengths as a couple?

Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship. 1 2 3 4 5 6 7 8 9 10 (1 is extremely unhappy) (10 is extremely happy)

Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does.

Have you received prior couples counseling related to any of the above problems? Yes No

If yes, when: _____ By whom: _____

Issues treated: _____

What was the outcome (check one)?

Very successful Some what successful Stayed the same Somewhat worse Much worse

Have either you or your partner been in individual counseling before? Yes No

If so, give a brief summary of concerns that you addressed.

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? Yes No
If yes for either, who, how often and what drugs or alcohol?

Do you have any concerns about either you or your partner regarding other compulsive / addictive behavior (i.e. gambling, sexual, spending, etc.)? Yes No
If yes for either, who, how often and what compulsive / addictive behavior?

Have either you or your partner struck, physically restrained, used violence against or injured the other person?
 Yes No If yes for either, who, how often and what happened?

Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?
If yes, who? Me Partner Both of us

If married, have either you or your partner consulted with a lawyer about divorce?
If yes, who? Me Partner Both of us

Do you perceive that either you or your partner has withdrawn from the relationship?
If yes, which of you has withdrawn? Me Partner Both of us

How frequently have you had sexual relations during the last month? _____ times
How enjoyable is your sexual relationship?
1 2 3 4 5 6 7 8 9 10 (1 is extremely unpleasant; 10 is extremely pleasant)
How satisfied are you with the frequency of your sexual relations?
1 2 3 4 5 6 7 8 9 10 (1 is extremely unsatisfied; 10 is extremely satisfied)

What is your current level of stress (overall)?
1 2 3 4 5 6 7 8 9 10 (1 is no stress; 10 is high stress)
What is your current level of stress (in the relationship)?
1 2 3 4 5 6 7 8 9 10 (1 is no stress; 10 is high stress)

Rank order the top three concerns you have in your relationship with your partner (1 being the most problematic):
1. _____ 2. _____
3. _____

REFERRAL INFORMATION

Who referred you to me or how did you hear of my practice? Internet Psychology Today Good Therapy
 Gottman Network Facebook Church Physician Focus on the Family New Life Friend/Family

RECEIPT INFORMATION

Will you be requesting a Superbill? If yes, please choose one:
 Superbill is for insurance (requires a diagnosis, and we will discuss this).
 Superbill is for flex spending (no diagnosis required).

_____ Please note and initial. Payment for services are due at the beginning of each session, unless other arrangements have been made. If you are unable to keep your appointment, please give 48 hours notice or you will be charged for the time reserved. Thank you!

Rev. 10/17/17