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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 □ No □	Yes □ No □
Cell Phone: _____	Yes □ No □	Yes □ No □
Email: _____	Yes □ No □	
Text Message: _____	Yes □ No □	

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

Occupation / Employer: _____

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? □ Little concern □ Moderate concern □ 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. _____
Do you attend a regular worship services? □ Yes □ No How important is your faith on a scale of 1 to 10? _____

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
Would you like to receive Dr. Bisignano's monthly newsletter? □ Yes □ No

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!