Couple History and Information

**Basic Information**

Date:

Partner #1 Name:

Date of Birth:

Gender: [ ] Male [ ] Female

Partner #2 Name:

Date of Birth:

Gender: [ ] Male [ ] Female

Home Address:

Partner #1 Phone Number: May I leave a message? [ ] Yes [ ] No

Partner #2 Phone Number: May I leave a message? [ ] Yes [ ] No

Do you both reside at the same residence? [ ] Yes [ ] No

If not, what is the partner’s address?

**Emergency Contact Information**

In case of an emergency, who should we contact?

Name:

Relationship:

Address:

Phone Number:

**History Information**

Please describe the current complaint or problem as specifically as you can, in your own words.

How long have you experienced this problem, or when did you first notice it?

What stressors may have contributed to the current complaint or problem?

**Previous Treatment**

Have either of you received or participated in previous counseling and/or therapy?

[ ] Yes [ ] No

Who participated and what type of treatment was received?

What did you like/dislike about previous treatment?

What did you learn about yourselves through previous counseling/treatment that may help you?

Is there any type of treatment you would like to continue?

Additional Information: (If you answer yes to any of the following questions, please explain.)

Have either of you had hospital stays for psychological concerns?

[ ] Yes [ ] No

Is either of you currently experiencing thoughts of harming either yourself or someone else?

[ ] Yes [ ] No

Have either of you in the past experienced thoughts of harming either yourself or someone else?

[ ] Yes [ ] No

**Medical History**

List any current or important past medications for \_\_\_\_\_\_\_\_\_ (partner #1)

Medication & Dose: Response to Medication:

List any current or important past medications for \_\_\_\_\_\_\_\_\_ (partner #2)

Medication & Dose: Response to Medication:

Do either of you have any medical conditions or concerns that could affect therapy? If so, please explain.

[ ] Yes [ ] No

**Family/Social History of Partner #1 \_\_\_\_\_\_\_\_\_ (name)**

Any history of neglect, and/or physical, verbal, emotional, spiritual, or sexual abuse?

Any family history of substance abuse, mental illness, suicide, or violence?

Any Additional Family Information?

Describe your relationship with peers and/or friends?

How would you describe your social support network?

Describe your hobbies/interests:

Describe any cultural concerns:

What is the highest educational level you have completed?

Give any additional important educational information (i.e. Did you like school? Have a learning disability?)

**Family/Social History of Partner #2 \_\_\_\_\_\_\_\_\_ (name)**

Any history of neglect, and/or physical, verbal, emotional, spiritual, or sexual abuse?

Any family history of substance abuse, mental illness, suicide, or violence?

Any Additional Family Information?

Describe your relationship with peers and/or friends?

How would you describe your social support network?

Describe your hobbies/interests:

Describe any cultural concerns:

What is the highest educational level you have completed?

Give any additional important educational information (i.e. Did you like school? Have a learning disability?)

**Occupational History**

Partner #1-Employment Status:

Are you satisfied with your employment?

If not, why?

How long have you worked there?

Partner #2- Employment Status:

Are you satisfied with your employment?

If not, why?

How long have you worked there?

**Relationship History**

How long have you been together?

Partner 1, how would you describe the relationship?

Partner 2, how would you describe the relationship?

What would you say the strengths and weaknesses of the relationship are?

Do you have children together?

If so, please list their names and ages.

Do you have children from previous relationships?

If so, please list their names and ages.

Are there presently any child custody issues involving your family?

[ ] Yes [ ] No

Does your family currently have Child Protective Services Involvement?

[ ] Yes [ ] No

If yes please complete the following:

Case Worker’s Name:

Phone:

Is there any history of domestic violence in your relationship?

[ ] Yes [ ] No

**Substance Abuse History**

Do either of you currently or have ever struggled with substance abuse? (alcohol, tobacco, marijuana, caffeine, or other)

[ ] Yes

[ ] No

If you answered yes, please complete the following substance abuse history chart.

Substance

Age of First Use

Frequency of Use (Daily, Weekly, Monthly)

Amount Used

How did you use it? (smoked, injected, etc.)

Complete the following chart if you have ever received treatment for a substance abuse issue.

Name of Treatment Program

Type of Treatment (Rehab, Intensive Outpatient Program, Partial Hospitalization, Halfway House, Recovery House, Counseling, Methadone, Suboxone)

Date of Treatment (Month, Year)

Outcome (Any Clean time?)

**Legal History**

Do either of you currently have any pending criminal charges?

[ ] Yes [ ] No

Is either of you on probation?

[ ] Yes [ ] No

If yes, please provide the following information:

Name of Probation Officer and County:

Nature of the crime:

Outcome (Served time, Community Service, Drug/Alcohol Treatment, etc.):

**Additional Information**

Partner #1, what are your goals for counseling/therapy:

What expectations do you have for counseling/therapy?

Name 5 things you would like to change about yourself.

What are your strengths?

What are your weaknesses?

Is there any additional information that you believe it is important for your counselor to know in order to provide you with the best care possible?

Partner #2, what are your goals for counseling/therapy:

What expectations do you have for counseling/therapy?

Name 5 things you would like to change about yourself.

What are your strengths?

What are your weaknesses?

Is there any additional information that you believe it is important for your counselor to know in order to provide you with the best care possible?

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Signature of partner #1 Date

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Signature of partner #2 Date