

U N I O N ■ S Q U A R E

Couples Counseling & Psychotherapy

INTAKE FORM

1. YOUR INFORMATION

Name: _____

Age: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

Email Address: _____

Profession: _____

Number Years Married to Current Spouse/Partner: _____

Children's Names and Ages: _____

Previous Marriage(s) & Length(s): _____

Health: _____

2. SPOUSE'S INFORMATION (if you are single, please skip to Section 3)

Spouse's Name: _____

Spouse's Age: _____

Spouse's Address: _____

City: _____

State _____

Zip: _____

Spouse's Previous Marriage(s) & Number Years Previously Married: _____

Spouse's Health: _____

Spouse's Profession: _____

3. YOUR FAMILY OF ORIGIN

Mother's Name: _____

Mother's Profession: _____

Father's Name: _____

Father's Profession: _____

Mother's Age: _____

Mother's Location: _____

Father's Age: _____

Father's Location: _____

Write three positive adjectives to describe your Mother:

(1) _____

(2) _____

(3) _____

Write three negative adjectives to describe your mother:

(1) _____

(2) _____

(3) _____

Write three adjectives to describe your Father:

(1) _____

(2) _____

(3) _____

Write three negative adjectives to describe your Father:

(1) _____

(2) _____

(3) _____

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4. CURRENT PROBLEMS/ISSUES

Please provide a list of therapists you are currently seeing (if any). For each, include their role, and whether Union Square Couples Counseling & Psychotherapy has permission to contact him or her if need be:

Please provide description of current problems and issues to be addressed:

5. HEALTH CHECKLIST - Check all that apply to each family member and yourself

	You	Spouse	Children
Anxiety			
Depression			
Drinking			
Substance Abuse			
Anger			
Workaholism			
Food Addiction			
Spending/Gambling			
Sex Addiction			
Physical Health			

6. ADDITIONAL INFORMATION

Please have each person attending the session send a one-page summary to USCCP, giving background information and your desired outcomes for the session. These letters can be sent along in separate emails to intake_forms@arleneunemancsw.com. Please limit your answers to one page each.

Today's Date

NOTICE: This e-mail, including any attachments, is meant only for the use of the intended recipient or designee. It may contain confidential information or 'Protected Health Information' which is legally privileged or otherwise protected by law. If you are not the intended recipient or designee, or you have received this e-mail either in error, or from someone who was not authorized to send it to you, you are strictly prohibited from reviewing, using, disclosing, disseminating, distributing, or copying the e-mail or its attachments. In such a case, please notify USCCP immediately of the error by return e-mail, and destroy the original transmission and its attachments without reading or saving them in any manner.