



INTOWN
COUNSELING & WELLNESS

Couple Intake Form

PARTNER 1

PARTNER 2

Name

Birthdate/Age/Gender

___/___/___ ___ years Male/Female

___/___/___ ___ years Male/Female

Address

Phone Numbers

Home: _____

Home: _____

Cell: _____

Cell: _____

May we leave messages on your phones? Y/N

May we leave messages on your phones? Y/N

Email

Emergency Contact

Name: _____

Name: _____

Number: _____

Number: _____

Relation: _____

Relation: _____

Intown Counseling & Wellness

1075 Zonolite Rd. Suite 1A

Atlanta, GA 30306

O (404) 478-9890

F (404) 963-0975

www.intowncounseling.com

Partner One Information Sheet

Please fill out individually.

Your highest education attainment: _____

Current occupation/Place of employment: _____

List any significant medical conditions: _____

List any medication prescribed and/or that you are currently taking and dosages: _____

Below are a list of reasons couples typically come to therapy. Please circle any issues that you are interested in pursuing in treatment. For issues you would like to pursue, but would not like to discuss in the initial session please place an X over them.

Blended Family Issues	Career Counseling	Commitment Issues	Communication Problems
Divorce/Separation/Break-Up	Grief/Loss	Infidelity	LGBT Issues
Men's/Women's Issues	Parenting Concerns	Physical Aggression	Pregnancy
Premarital Therapy	Polyamorous Relationship	Recent Diagnosis (mental)	Recent Diagnosis (physical)
Self-Esteem Issues	Sexual Aggression	Sexual Concerns	Stress Management
Substance Use/Abuse	Suicidal Ideation	Trust Issues	Verbal Aggression
Please Specify IF You Select One of the Following Options			
Major Life Transition:		Mental Health Concern:	
Relational Maintenance:		Trauma:	
Other:		Other:	

Please identify 1-3 goals you have for treatment:

1) _____

2) _____

3) _____

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Partner Two Information Sheet

Please fill out individually.

Your highest education attainment: _____

Current occupation/Place of employment: _____

List any significant medical conditions: _____

List any medication prescribed and/or that you are currently taking and dosages: _____

Below are a list of reasons couples typically come to therapy. Please circle any issues that you are interested in pursuing in treatment. For issues you would like to pursue, but would not like to discuss in the initial session please place an X over them.

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