

# ***Arlene Neuman, LCSW***

## ***Intake Form for Couples Counseling***

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*Please complete all pertinent information and send it to me by email prior to initial visit.*

**TODAY'S DATE:** \_\_\_\_\_

### **YOUR INFORMATION**

Name: _____			
Age: _____	Address: _____		
City: _____	State: _____	Zip: _____	
Home Phone: _____	Business Phone: _____		
Mobile#: _____	Email Address: _____		
Profession: _____			
Number Years Married to Current Spouse/Partner: _____			
Children's Names and Ages: _____			
Previous Marriage(s) & Length of Marriage(s): _____			

### **SPOUSE'S INFORMATION**

Spouse's Name: _____		
Spouse's Address: _____		
City: _____	State: _____	Zip: _____
Spouse's Age: _____		
Spouse's Previous Marriage(s) & Number Years Previously Married: _____		
Spouse's Health: _____		
Spouse's Profession: _____		
Children from Previous Marriage(s): _____		

### **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: _____	
Mother's Health: _____		
Father's Health: _____		

Write 3 positive adjectives to describe your Mother:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Write 3 positive adjectives to describe your Father:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Write 3 negative adjectives to describe your Mother:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Write 3 negative adjectives to describe your Father:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Write 3 positive adjectives to describe you:

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Write 3 positive adjectives to describe your Spouse:

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Write 3 negative adjectives to describe your:

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Write 3 negative adjectives to describe your Spouse:

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

**Please provide a list of therapists you are currently seeing (if any). For each, include their role, and whether Arlene Neuman has permission to contact him or her if need be.**

**CURRENT PROBLEM/ISSUES** - Please provide description of current problems and issues to be addressed (from your perspective):

What changes would you like to see in your partner:

What changes would you like to see in your yourself:

**HEALTH CHECKLIST** - Check all that apply to each family member and yourself. Provide details for checked boxes.

	You	Spouse	Children
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workaholism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending/Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details:

#### ADDITIONAL INFORMATION:

Please have each person attending the session send a brief summary of background information and desired outcome of therapy. Please include specifics as to how you would like your relationship to change, i.e. more time doing things together, less arguing, more sex, etc.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Today's Date