

Marc J. Coulter, LPC, CAC III, MAC

Client Information Summary for Couples Counseling

Your Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Email: _____

Preference for messages: Home ___ Cell ___

Birth Date: _____ Current Age: _____

Gender: _____ Sexual Orientation: _____

Whom should I contact in case of emergency?

What is this person's relationship to you?

Emergency telephone:

What is/are your racial/ethnic/cultural identification(s)?

Please briefly describe your religious/spiritual belief system:

How much school have you completed?

What is your occupation?

How satisfied are you with your occupational situation?

How were you referred to this practice?

May I thank them for the referral? _____

Have you been married/partnered in the past? Why did those relationship end? _____

What is your current relationship situation? _____
_____ (dating, living with partner(s), married, etc.)

How long have you been together? _____

How did you first know you were in love? _____

Who is supportive of your relationship? _____

How would you rate your satisfaction with your sex life with your partner?
1 = not at all, 10 = extremely _____

How frequently have you had sex with your partner in the past month? _____

How satisfied are you with the frequency of sex? 1 = not at all, 10 = extremely _____

How enjoyable is your sexual relationship with your partner?
1 = not at all, 10 = extremely _____

How would you rate your satisfaction with your intimacy with your partner?
1 = not at all, 10 = extremely _____

When do you feel most intimate with your partner? _____

How do you handle conflict in the relationship? _____

What do you love the most about your partner? _____

When is the best time for you to communicate with your partner? _____

When do you feel most appreciated by your partner? What do they do to make you feel appreciated? _____

How do you express your love for your partner? _____

How do you most like your partner to express love to you? _____

When do you feel most connected to your partner? _____

Who lives in your home? Name/Age/Relationship

Please list any first-degree relatives who do not live with you (parents, children, siblings, etc.) Name/Age/Relationship

Are you currently under the care of a physician for any medical reason? If yes, why?

Who is your physician?

When was the last time that you had a medical check-up?

Please list any current or recent (past several months/years) medical conditions:

Please list any significant health events that have occurred in your life (hospitalizations, surgeries, accidents warranting a doctor's visit):

What medications do you take (including prescriptions, over-the counter medications, vitamins, and herbal remedies)? Medication/Dose/Frequency

Please list any holistic treatments in which you regularly engage (massage, chiropractor, aromatherapy, acupuncture, etc.): Treatment Frequency

Do you have any current medical concerns that are not being addressed? If so, what are your concerns and what is your plan to address these concerns?

How much alcohol do you drink? (Type/Amount/Frequency)

How would you rate yourself? heavy drinker ___ moderate drinker ___ occasional drinker ___ rare drinker ___

How much marijuana or other substances do you use? (type, amount, frequency)

How would you rate yourself? heavy use ___ moderate use ___ occasional use ___ rare use ___

Have you ever sought treatment for substance use/misuse before? If yes, please describe with whom you worked and when: _____

Is alcohol or substance use/misuse an issue in your relationship? _____

Have you ever sought treatment for emotional or psychological concerns before? _____

If yes, please describe with whom you worked, when, and the reason:

Have you ever spent time in a hospital for emotional concerns? _____

If yes, please describe: _____

Have you ever seriously considered suicide? _____

If yes, when _____

Have you ever attempted to end your life? _____

If yes, when _____

Is suicide a concern for you at present?

Is there a history of medical, mental health concerns or substance abuse in your family? If Yes, please describe: _____

In your own words, please briefly describe the concerns that bring you here. Please indicate any recent changes in behavior (appetite, sleep, concentration, energy, mood). If there is more than one concern, please indicate which concern is most important for you to work on first:

When was the last time things were really good in the relationship? What was good about it? What was your your part in making it go well? _____

What do you hope will change in your relationship as a result of counseling? In other words, what are your goals for treatment? _____

What is working well in your relationship right now? What is your part in making it work as well as it does? _____

What relationship skills or traits do you possess that help make the relationship work?

Please describe positive features of your partner: _____

Who or what is supporting you emotionally at this time?

Have you participated in couples or family counseling in the past? If so, what was the outcome?

What are you willing to commit to in order to help make this relationship to work?

What gives you hope that this relationship can work?

What else do I need to know in order for this to be a good use of your time and money?

SPECIAL NOTICE FOR COUPLES AND FAMILIES

During the course of couple or family therapy there may be times when you would like to schedule an individual appointment for yourself. This can be helpful when there are issues you'd like to discuss, but you're not sure how to bring them up in front of your partner or family members. Examples include: problems with work, school, parents, in-laws, ex-spouses, sex, money, alcohol, etc. An individual session can also be helpful when something has been discussed in a couple or family session that stirs up an issue you'd like to spend more time on. I am happy to see you individually, as long as you agree that anything you share in an individual session may be talked about in subsequent couple's or family sessions. This doesn't mean I will necessarily bring up every issue you've talked privately about. It just means you've given me permission to do so if I believe it's important to the health of your relationship. Knowing that I don't keep secrets helps everyone feel safer in therapy. It also allows me to be completely honest, without having to worry about who told me what and when. If you have any questions about whether a topic is one that will need to be shared with others, please ask me before sharing any details. If you have reservations about raising an issue, I will be happy to refer you to another therapist for individual counseling. This agreement also applies to phone calls and emails. If you contact me between sessions, I will expect you to let your partner or other family members know you've done so.