

COUPLE'S INTAKE



Date of Consultation: _____ Referred By: _____
Name of person completing Intake: _____ Gender: M F
DOB: _____ Age: _____ SS#: _____
Your Home Address: _____

Name of Partner: _____ Gender: M F
DOB: _____ Age: _____ SS#: _____
Partner's Home Address: _____

Your Preferred Method of Contact:

Cell: _____ Text? Y N Home: _____
Email: _____ Other: _____

Partner's Preferred Method of Contact:

Cell: _____ Text? Y N Home: _____
Email: _____ Other: _____

Your Place of Birth: _____ How long in S. FL: _____
Partner's Place of Birth: _____ How long in S. FL: _____

Your Religion: Raised: _____ Currently Practiced: _____
Partner's Religion: Raised: _____ Currently Practiced: _____

Your Occupation: _____
Your Employer: _____

Partner's Occupation: _____
Partner's Employer: _____

Your Highest Level of Education Achieved:

Your Partner's Highest Level of Education Achieved: _____

Your Hobbies: _____
Partner's Hobbies: _____

Social Life: (Solo): _____
(As a couple): _____

Your Best Friends: _____

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Partner's Best Friends: _____

Have either of you attempted couple's therapy for the reasons you are seeing Dr. Mendelsohn today? What did/didn't you like about couples therapy? Explain:

Check all that apply in your current relationship:

Your Views:

Partner's Views:

- Problems in communication
- Jealousy
- Infidelity
- Trust
- Child rearing/Parenting
- Step Families
- Conflicts about where to live
- Conflicts with partner's friends
- Abuse (physical)
- Abuse (emotional)
- Abuse (sexual)
- Abuse (verbal)
- Drugs/alcohol(who? _____)
- Partner mental illness
- Other _____

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- Partner mental illness
- Other _____

Have you ever attempted couple's therapy for these problems or any other problems with this partner in the past? YES NO

If yes, with which therapist? _____

Dates: _____

Do you give consent for me to contact this therapist? YES NO

What did you like about your therapy?

What didn't you like about your therapy?

Have either of you ever sued a physician or mental health provider? YES NO

If yes, please describe: _____

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Are either of you CURRENTLY involved in any lawsuits/police issues? YES
NO

If yes, please describe: _____

Have either of you been involved in lawsuits/police issues in the past? YES NO

If yes, please describe: _____

Please provide additional legal information you may find pertinent to your treatment: _____

Is there anything that you'd like to share with Dr. Mendelsohn on this form prior to your initial consultation? _____

We, the undersigned, understand that we are seeking the counsel of Dr. Susie Mendelsohn as a couple. Therefore, whether we see Dr. Mendelsohn together or separately on behalf of the couple, the couple is the Client.

Partner 1 Printed

Partner 1 Signed

Date of Signature

Partner 2 Printed

Partner 2 Signed

Date of Signature