



COUPLES INTAKE FORM

Today's Date _____

Name _____

Address _____

City _____ State _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Leave Message at what number? _____

Email _____

Date of Birth _____

Employer _____

Medications _____

Emergency Contact _____

Emergency Phone _____

Previous Counselor Name _____

Children (Name, Sex & Age) _____

Number of years married _____

Are you currently separated? _____

Referred by _____

Issues of concern today _____

Today's Date _____

Name _____

Address _____

City _____ State _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Leave Message at what number? _____

Email _____

Date of Birth _____

Employer _____

Medications _____

Emergency Contact _____

Emergency Phone _____

Previous Counselor Name _____

Children (Name , Sex & Age) _____

Number of years married _____

Are you currently separated? _____

Referred by _____

Issues of concern today _____

SPECIAL NOTICE FOR INDIVIDUAL THERAPY, PHONE CALLS, OR EMAILS FOR COUPLES AND FAMILIES

During the course of couple's 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's or family session that stirs up an issue you'd like to spend more time on.

Your therapist is 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 your therapist will necessarily bring up every issue you've talked privately about. It just means you've given your therapist permission to do so if he/she believes it's important to the health of your relationship.

Knowing that your therapist doesn't keep secrets helps everyone feel safer in therapy. It also allows your therapist to be completely honest - without having to worry about who told him/her what, when. If you have any questions about whether a topic is one that will need to be shared with others, please ask your therapist before sharing any details. If you have reservations about raising an issue, he/she will be happy to refer you to another therapist for individual counseling.

This agreement also applies to phone calls and emails. If you contact your therapist between sessions, he/she will expect you to let your partner or other family members know you've done so. Contents of phone calls or emails may be shared. By signing this agreement, you're giving your therapist permission to discuss any information shared with him/her privately with all others regularly attending therapy with you.

We have received, read and understand the Counseling Agreement and we have read and understand the Notice of Privacy Rights. We authorize the release of the minimum amount necessary of my personal health information to Psychological Billing Services, Inc and to the applicable insurance company, in order to obtain payment for services received.

Signature _____

Date _____

Signature _____

Date _____

13911 Ridgedale Drive, Suite 490 Minnetonka, MN 55304 P-612.910.3470 F-952-545-6312

btopalof@msn.com www.marriageprescription.com