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FAMILY & COUPLE QUESTIONNAIRE

Today's date: _____

Couple Information - Names: _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone Number: _____ **Cell Number (s):** _____

Work Number (s): _____

Ok to leave messages at these numbers? _____

Adult 1: _____ **Age:** _____ **Date of Birth:** _____ **Gender:** _____

Occupation/Place of Employment: _____

Insurance (Name, Group #, Individual #): _____

Adult 2: _____ **Age:** _____ **Date of Birth:** _____ **Gender:** _____

Occupation/Place of Employment: _____

Insurance (Name, Group #, Individual #): _____

Years married: _____ **Years domestic partnership:** _____ **Currently separated?** _____ **Yes** _____ **No;**

Years together as a committed couple: _____

Children:

_____	Age: _____	Grade/School: _____
_____	Age: _____	Grade/School: _____
_____	Age: _____	Grade/School: _____
_____	Age: _____	Grade/School: _____

Blended Family Relationships (number of marriages, children by other marriages, etc.)

Parenting Plan/Custody Issues? If yes, please explain:

1. Reason for today's visit:

2. Attempted solutions:

3. What are your goals for seeking treatment at this time?

4. Is there anything else you think I should know as we begin?