Crites Counseling & Consultation

F. Russell Crites, Jr. M.S., LPC, LMFT, LSSP, NBCCH, CPC

413 W. Bethel Rd. #100 Coppell, Texas 75109

5915 Murphy Rd, Sachse, TX 75048

www.critescounseling.com (972)506-7111

Couples Intake Form Instructions

There are two complete forms in this packet. There is one form for each person in the relationship.

There are three pages for each person to fill out. The Forms are identical.

Each person should fill out his or her form and then return them to me via Hush Email.

It would be helpful to have these before the first session, but it is not absolutely necessary.

I must have the signed page that addresses HIPPA and Practice Policies before we can begin. That is on a separate handout you received.

I look forward to speaking with you.

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Video Chat www.doxy.me/russcrites

Couples Intake Form

Name (His):_____ Age:____

Name (Her):_____ Age:____

Relationship Status: Please check all that apply

Dating___ Engaged___ Living Together___ Married ___ Separated___ Divorced___

Length of time in current relationship: _____

Have you received prior couples counseling related to any of the above problems? □ Yes □ No

If yes, when: _____ Where: _____

By whom: _____ Length of treatment: _____

Issues treated:

What was the outcome (check one)? ___ Successful ___Stayed the same ___Worse

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? If yes for either, who, how often and what drugs or alcohol?

Have either you or your partner struck, physically restrained, used violence against or injured the other person? If yes for either, who, how often and what happened.

Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems? If yes, who? ___Me ___Partner ___Both of us

If married, have either you or your partner consulted with a lawyer about divorce? If yes, who? ___Me ___Partner ___Both of us

What are your biggest strengths as a couple?

Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship.

1 2 3 4 5 6 7 8 9 10

Extremely unhappy Extremely happy

Have either of you been in individual counseling before? □ Yes □ No If yes for either, who and give a brief summary of concerns that were addressed and identify the diagnosis that was given.

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? If yes for either, who, how often and what drugs or alcohol?

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Do you have any known allergies? Yes ____ No ____ If so, to what:

Do you have a history of any psychological or medical problems in your family? Yes ___ No ___ If yes, please describe:

List any major health problems for which you are currently receiving treatment:

If you are on any medications (Include vitamins and over the counter drugs) please provide the information requested below.

Drug Name	Dose	Date Started	Reason

Please list all leisure, structured, and cultural activities in which you are currently participating:

Please check any of the following problems that pertain to your current situation:

___Anxiety	___ Shyness	___Drug use/alcohol	___Anger
___Sleep	___Trauma	___Loneliness	___In laws
___Children	___Depression	___Sexual problems	___Self-control
___Stress	___Headaches	___Finances	___Inferiority Feelings
___Being a Parent	___Fears	___Suicidal Thoughts	___Eating Disorder
___Friends	___Emotional Affair	___Physical Affair	___Unhappiness
___Work	___Legal	___Making Decisions	___Jealousy

Other: _____

From your perspective what are the main three reasons that you have chose to come in for couple therapy?

1.

2.

3.

Turn this page over and write down anything else you would like to share that would help us understand how we might be able to help you better. Please add pages if needed.

Please fill this form out and return to the office when you come for your first appointment!

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