



COUPLES CLIENT INFORMATION FORM

Legal Name of First Client:

Date of Birth?

Client's Age:

Email:

Best Contact Number:

Preferred Method of Contact:

Legal Name of Second Client:

Date of Birth?

Client's Age:

Email:

Best Contact Number:

Preferred Method of Contact:

Client's Address:



Second Client's Address (if different than above):

Main Concerns for Therapy:

Is there anything else you would like me to know before the first appointment?

Are you looking to utilize coverage through a third-party or your employer?

*If responding yes, what is the insurance company?

*If responding no, are you willing to submit tax documents to prove income to qualify for our sliding scale fee for those who have a gross household income under \$140,000?

I am available for appointments:

How did you hear about us?