unfold counseling llc

New Couples Client Information Form

Partner A: **Date** _____

Legal Name _____

What do you prefer to be called? _____

Date of Birth _____ Age _____ Place of Birth _____

Phone _____ Okay to leave a message at this #? YES NO

Email _____ Okay to leave a message? _____

Partner B:

Legal Name _____

What do you prefer to be called? _____

Date of Birth _____ Age _____ Place of Birth _____

Phone _____ Okay to leave a message at this #? YES NO

Email _____ Okay to leave a message? _____

Would you like to receive reminder texts or emails for your appointments? Check YES NO

Initial next to the way you would like to receive reminders: _____ TEXT or _____ EMAIL (select one)*

* By initialing this, you are agreeing to any limitations of confidentiality inherent in the use of these technologies.

My reminder system can only send to one number/email; whose would be best? _____

If I cannot leave voicemails/emails at any of the above numbers, how can I reach you while protecting your confidentiality? _____

Mailing Address _____

Emergency Contact Person_____ Relationship _____

Emergency Contact Number _____

Please state briefly your reasons for seeking therapy *at this time*:

How long have these problems persisted?

unfold counseling llc

Culture & Self *Please describe yourself as fully as you feel comfortable.*

Partner A:

How would you describe your gender?

_____

(e.g., male, female, transgender (MTF, FTM), intersex, gender-queer, etc.)

What would you like me to know about your racial and ethnic heritage, and how it impacts you in the past or present?

_____

_____

_____

How would you describe your sexual orientation?

_____

(e.g., gay, lesbian, heterosexual, bisexual, questioning, queer, etc.)

What was your religious/spiritual upbringing?

_____

What is your current religious or spiritual orientation and interest?

_____

When you feel upset, sad, or angry, what do you do to soothe yourself?

_____

_____

_____

Any personal history of trauma? Y N

(this could include physical, emotional, sexual, spiritual abuse, assault, natural disasters, injuries/accidents, neglect significant losses)

Culture & Self *Please describe yourself as fully as you feel comfortable.*

Partner B:

How would you describe your gender?

_____

(e.g., male, female, transgender (MTF, FTM), intersex, gender-queer, etc.)

What would you like me to know about your racial and ethnic heritage, and how it impacts you in the past or present?

_____

_____

_____

How would you describe your sexual orientation?

_____

(e.g., gay, lesbian, heterosexual, bisexual, questioning, queer, etc.)

What was your religious/spiritual upbringing?

_____

What is your current religious or spiritual orientation and interest?

_____

When you feel upset, sad, or angry, what do you do to soothe yourself?

_____

_____

_____

Any personal history of trauma? Y N

(this could include physical, emotional, sexual, spiritual abuse, assault, natural disasters, injuries/accidents, neglect, significant losses)

unfold counseling llc

Family & Relationship

What is the current status of your relationship?

- ☐ Single, Dating or Engaged
- ☐ Married/Partnered (legally or not)
- ☐ Separated
- ☐ Divorced
- ☐ _____
- ☐ length of time together: _____

If you have children, please list their names, ages, and brief description of your relationship with them:

_____

_____

_____

Besides your immediate family, anyone else living with you at this time? _____

What are your strengths as a couple? _____

_____

_____

_____

Have either or you threatened to end or leave the relationship, now or in the past? Y N

If so, who? Partner A _____ Partner B _____ Both _____

Do you perceive that either of you have withdrawn from the relationship? Y N

If so, who? Partner A _____ Partner B _____ Both _____

Have either or you been physically aggressive (breaking things in anger, restraining the other one, acts of physical violence) or threatened to be? Y N

If so, who? Partner A _____ Partner B _____ Both _____

What are your rituals for connecting with each other daily and weekly?

_____

_____

How often do you go on dates? _____

What do you enjoy doing together, just the two of you? _____

_____

_____

unfold counseling llc

Mental Health History & Suicide Risk

Partner A

Have you been in psychotherapy before? Y N

Have you ever been treated for substance abuse or other addictive behavior? Y N

Is your partner concerned about your substance use? _____

Have you been hospitalized for mental health reasons? Y N If yes, dates:

_____

Have you ever considered suicide? Y N

Did you have a plan? Y N

Have you ever attempted suicide? Y N

if yes, date/s: _____

Do you currently feel suicidal? Y N

Have you experienced urges or engaged in other acts of self harm (e.g. cutting)

__Current __Past __Never

Partner B

Have you been in psychotherapy before? Y N

Have you ever been treated for substance abuse or other addictive behavior? Y N

Is your partner concerned about your substance use? _____

Have you been hospitalized for mental health reasons? Y N If yes, dates:

_____

Have you ever considered suicide? Y N

Did you have a plan? Y N

Have you ever attempted suicide? Y N

if yes, date/s: _____

Do you currently feel suicidal? Y N

Have you experienced urges or engaged in other acts of self harm (e.g. cutting)

__Current __Past __Never

Following is a list of common issues in relationship; please check the ones that you feel have been an issue:

- ☐ Having Fun Together
- ☐ Affection
- ☐ Closeness & Connection
- ☐ Shared Goals & Dreams
- ☐ Finances
- ☐ Household Tasks/Division of Labor
- ☐ Communication
- ☐ Infidelity
- ☐ In-laws
- ☐ Other Relatives
- ☐ Jealousy
- ☐ Parenting
- ☐ Physical Fighting
- ☐ Verbal Fighting
- ☐ Showing Appreciation
- ☐ Sexual Intimacy
- ☐ Trust

unfold counseling llc

- ☐ Balance of Time (work/home; together/apart)
- ☐ Making Time for Each Other
- ☐ Feeling Secure in the Relationship
- ☐ Solving Problems Together

Of the checked issues, which ones do you MOST hope to address in counseling?

What are your hopes, in coming to couples counseling? What are you hoping to accomplish together?

_____
_____
_____
_____

_____ _____
Partner A Signature **Date**

_____ _____
Partner B Signature **Date**

** to sign and submit electronically, type */s/Your Name* in the signature field. Example: */s/Jane Doe*

Karen Dunn Pritchard, LPC, CHT • Unfold Counseling LLC
p: 970.316.2424 • **e**: karen.unfold@tsecuremail.com • **www.unfoldcounseling.com**
mailing address: 236 S. 3rd Street, #215 • Montrose, CO 81401