

Agoura Hills Counseling
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Intake Form for Outpatient Psychotherapy Treatment (Couple)

For each member of the couple to answer:

Client Name: _____

Age: _____

Date of Birth: _____

Emergency Contact:

Name: _____

Relationship to You: _____

Phone Number: _____

Highest Level of Education: _____

Occupation: _____

Client Name: _____

Age: _____

Date of Birth: _____

Emergency Contact:

Name: _____

Relationship to You: _____

Phone Number: _____

Highest Level of Education: _____

Occupation: _____

Questions About the Couple's Relationship:

Marital Status (Dating / Dating but Separated / Married / Married but Separated / Divorced): _____

How long have you been in a relationship?: _____

Are you currently living together?: Y / N

If not, how often do you see each other?: _____

Do you have children together? Y / N

Name, gender, age of children:

Are there children from previous relationships? Y / N

Name, gender, age of children and which member of couple is the parent:

Have you participated in couples therapy together in the past? Y / N

Is either member of the couple currently in individual therapy? Y / N

If yes, who is? _____

Describe the issues or problems in the relationship that bring you to couples therapy:

Describe your goals for couples therapy:
