

**Brief Personal History (Couples, with each member of couple completing a form)**

*Please write on the reverse side if there is not enough room for a question's response.*

Date of first session: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ zip: \_\_\_\_\_

Preferred phone \_\_\_\_\_ Best times to reach you: \_\_\_\_\_

Ok to leave message? yes no

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact (& relationship & phone #) \_\_\_\_\_

**Family**

Current status of relationship: (circle all that apply) dating engaged living together married  
domestic partnership (1st/ 2nd/3<sup>rd</sup>/4th marriage) Separated Divorced Widowed

If divorced, date of Separation/Divorce \_\_\_\_\_ If divorced (1st/ 2nd/3<sup>rd</sup>)

Custody arrangement: \_\_\_\_\_

Length of time together with current partner/spouse: \_\_\_\_\_

Sexual orientation: \_\_\_\_\_ Gender identity: \_\_\_\_\_

Person(s) with whom living \_\_\_\_\_

Children's Names and Ages \_\_\_\_\_

Siblings' Names \_\_\_\_\_ Ages \_\_\_\_\_

Mother's Name, age, and health/living status: \_\_\_\_\_

Father's Name, age, and health/living status: \_\_\_\_\_

Other significant caregivers: \_\_\_\_\_

Religious Preference/Affiliation: \_\_\_\_\_

Ethnic identity/culture/heritage: \_\_\_\_\_

Education (level completed, significant factors): \_\_\_\_\_

**Medical and Personal History**

Personal Physician and city: \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications and Dosages \_\_\_\_\_

Date of last Medical Exam, significant current health issues \_\_\_\_\_

Significant past medical/health events: \_\_\_\_\_

Have you, individually or as a couple, been in psychotherapy before? \_\_\_\_\_ when/how  
long? \_\_\_\_\_

With whom and for what issues? \_\_\_\_\_

How would you describe your prior therapy? \_\_\_\_\_

*Please use the reverse side if you need more room for your responses.*

What brings you to therapy now? \_\_\_\_\_

What is most important to you in or about your relationship? \_\_\_\_\_

What do you expect to get from your relationship with your partner/spouse? \_\_\_\_\_

What are the most important things you contribute to your relationship? \_\_\_\_\_

What changes are you willing to make in order to improve your relationship? \_\_\_\_\_

How close are you to being the kind of partner you want to be in this relationship? \_\_\_\_\_

Who were the most important role models for how you want to be in relationship? \_\_\_\_\_

Has there been any significant betrayal in your relationship by either of you? \_\_\_\_\_

Has either of you threatened to leave the relationship? \_\_\_\_\_

How satisfied are you with the physical intimacy of your relationship? \_\_\_\_\_

Please describe your **family** history of psychiatric issues, suicide attempts, addictions, or traumas: \_\_\_\_\_

How much alcohol do you usually drink per week? \_\_\_\_\_

How much of any other drug do you usually use per week? \_\_\_\_\_

Do you or your partner see your alcohol or drug use as a problem? \_\_\_\_\_

Please describe current stressors in your life: \_\_\_\_\_

What significant losses have you experienced in the last 2-5 years? \_\_\_\_\_

What else would you like me to know? \_\_\_\_\_

What would you like to gain from therapy? \_\_\_\_\_

Who referred you to me or how did you find out about my practice, and may I thank that person? \_\_\_\_\_

*Please use the reverse side if you need more room for your responses.*