

REGISTRATION FORM FOR COUPLES

Today's Date: \_\_\_\_\_  
Partner #1: Name: Age: Date of Birth: \_\_\_\_\_  
Address: Phone (home): \_\_\_\_\_  
City, State, Zip: Phone (other): \_\_\_\_\_  
Name of present employer: \_\_\_\_\_  
Address: City, State, Zip \_\_\_\_\_

Partner #2: Name: Age: Date of Birth: \_\_\_\_\_  
Address: Phone (home): \_\_\_\_\_  
City, State, Zip: Phone (other): \_\_\_\_\_  
Name of present employer: \_\_\_\_\_  
Address: City, State, Zip \_\_\_\_\_

Emergency contact: Relationship: \_\_\_\_\_  
Relationship status: \_\_\_ married \_\_\_ common law \_\_\_ single (never married)  
\_\_\_ divorced \_\_\_ separated  
Name(s) of children and ages: \_\_\_\_\_

What is the primary concern or problem for which you are coming for counseling.

\_\_\_\_\_  
Previous Counseling: \_\_\_\_\_  
If yes, please note any way that previous therapy was helpful. \_\_\_\_\_

Referred by \_\_\_\_\_