



PARTNER 1

Name: _____
Last Name First Name

Address: _____

Mailing Address (if different): _____

Telephones: Home: _____
Please put a ✓ next to the one you prefer that I use. Work: _____
Cell: _____

Date of Birth: _____

Employer: _____

Occupation: _____

Are you currently in therapy? Yes* No

* Name of Therapist: _____

List any medication you are taking for psychological treatment:

Previous Therapy of any kind: (Please give primary reason & year)

Previous marriages or committed partnerships: _____

PARTNER 2

Name: _____
Last Name First Name

If different from Partner
Address: _____

Mailing Address (if different): _____

Telephones: Home: _____
Please put a ✓ next to the one you prefer that I use. Work: _____
Cell: _____

Date of Birth: _____

Employer: _____

Occupation: _____

Are you currently in therapy? Yes* No

* Name of Therapist: _____

List any medication you are taking for psychological treatment:

Previous Therapy of any kind: (Please give primary reason & year)

Previous marriages or committed partnerships: _____

How did you find out about me? _____

Please check the one that best describes your current relationship status:

Married: Engaged: Life Partners: Single: Divorced: Widowed: Other: _____

(Please specify)

Length of time in current relationship: _____

Please list names and ages of children: _____