# *Emotional Wellness Therapy*

*Coping effectively with life and creating satisfying relationships*

## INTAKE FORM: COUPLES THERAPY

**Date of Referral** *(yyyy-Mon-dd)*: _____

Last Name of Client: _____ First Name: _____

Address: _____

Birth Date *(yyyy-Mon-dd)*: _____ Age: _____ Occupation: _____

Primary telephone number: _____ Secondary telephone number: _____

Email (*Please be aware that email might not be confidential)*: _____

Last Name of Spouse/Partner: _____ First Name: _____

Address *(or indicate if same as above)*: _____

Birth Date *(yyyy-Mon-dd)*: _____ Age: _____ Occupation: _____

Primary telephone number: _____ Secondary telephone number: _____

Email (*Please be aware that email might not be confidential)*: _____

Relationship status *(please indicate with an X)*:

( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) In process of divorce ( ) Engaged ( ) Living together ( ) Living apart ( ) Widowed

Length of time in current relationship: _____

On a scale of 1– 10 (10 being best) how would you rate your relationship: _____

How would your spouse/partner rate your relationship? _____

Please list children's names and ages *(indicate half- or step- if applicable)*:

Child #1: _____ Age: _____ Child #2: _____ Age: _____

Child #3: _____ Age: _____ Child #4: _____ Age: _____

Who lives with you in the home? _____

**Phone: (403) 710-3373** **E-mail: nelsoncd@shaw.ca** **Website: https://www.emotionalwellnesstherapy.ca**

**#210 – 7720 Elbow Drive SW, Calgary, AB T2V 1K2**

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Please check any of the following reasons that led to your request for couples therapy:

| | | | |
|---|---|---|---|
| ( ) Depression or anxiety | ( ) Parent/child conflict | ( ) Relationship enrichment | ( ) Blended family issues |
| ( ) Family of origin issues | ( ) Alcohol/substance abuse | ( ) Intimacy issues | ( ) Adjustment with grief/loss |
| ( ) Communication problems | ( ) Recover from affair | ( ) Remarriage decisions | ( ) Work/life balance |
| ( ) Family stressors | ( ) Premarital/divorce | ( ) Co-parenting | ( ) Life decisions and transitions |

Please speak to your primary reason for seeking counselling currently. How long has it been going on?

_____

_____

How is this issue currently affecting other aspects of your life (i.e., work, couple, family, parenting, etc.)?

_____

_____

Describe any significant stressors or life events that your relationship or family have experienced in the past 6 months.

_____

_____

What things have you tried to improve this issue? Did you experience any amount of success? Please explain.

_____

_____

Please list any previous counselling and/or services you have received *(If yes, when, with whom, and outcome).*

_____

_____

What helpful strategies have you learned along the way? _____

_____

What do you consider to be your strengths as a couple? What do you appreciate most about your partner?

_____

What do you hope to accomplish through counselling? How will you know that your relationship has improved?

_____

_____

*Thank you for choosing Emotional Wellness Therapy!*

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