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Changing Perspectives

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COUPLE PERSONAL HISTORY

Today's Date \_\_\_\_\_

Client's Name \_\_\_\_\_ Age \_\_\_\_\_

Client's Name \_\_\_\_\_ Age \_\_\_\_\_

What is your marital status? \_\_\_\_\_ How long have you known each other? \_\_\_\_\_

Either person married previously? (Please explain) \_\_\_\_\_

Are there children from current relationship? Yes \_\_\_ No \_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to this child, (i.e. good/bad?) \_\_\_\_\_

Are there children from previous relationships? Yes \_\_\_ No \_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to this child, (i.e. good/bad?) \_\_\_\_\_

Briefly explain any custody, or living situations of the children in this relationship.

**COUPLES PERSONAL HISTORY**

What do you consider your couple's strengths?

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What do you consider this couple's challenges?

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Briefly state the reason for the counseling at this time

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Either person has a problem with drugs/alcohol? Yes\_\_\_ No\_\_\_ Please describe

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Have either [both] people ever seen a psychologist, psychotherapist, or psychiatrist before? Yes\_\_\_ No\_\_\_ If so, please state who was seen, when and the purpose.

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Is either person in the couple currently taking psychotropic medication? Yes\_\_\_ No\_\_\_ (Medicine for mood/emotions) If so, please state what kind, dosage, and who prescribed it?

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Describe any relevant or significant health problems. List all medications and over-the-counter drugs or supplements.

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**COUPLE PERSONAL HISTORY**

Who is the prescribing physician, and may I contact them for information? Yes\_\_\_ No\_\_\_

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Address

Phone number

Any history of abuse or domestic violence? Yes\_\_\_ No\_\_\_ Describe.

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Any history of marital infidelity? Yes\_\_\_ No\_\_\_ Describe.

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Any problems with finances (excessive debt, compulsive spending, gambling, etc.)? Yes\_\_\_ No\_\_\_ Describe.

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Is there any other material considered relevant for this couple's treatment?

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Are there any other risk factors present?

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