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Couples Initial Intake Form

Today's date: _____

Your name:

| | | |
|------|-------|----------------|
| Last | First | Middle Initial |
|------|-------|----------------|

Date of Birth: ____/____/____

Home street address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Calls will be discreet, but please indicate any restrictions:

Name of Employer: _____

Address of Employer: _____

City: _____ State: _____ Zip: _____

Referred by: _____

May I have your permission to thank this person for the referral? Yes No

If referred by another clinician, would you like for us to communicate with one another? _____

Person(s) to notify in case of any emergency:

Name: _____ Phone: _____

I will only contact this person if I believe it is a life-or-death emergency. Please provide your signature to indicate that I may do so (typed name accepted):

Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does:

Have you received prior couples counseling related to any of the above problems?

Have either of you been in individual counseling before? Yes No

If so, please give a brief summary of the concerns you addressed.

Do either you or your partner drink alcohol or take drugs to intoxication? Yes. No
If yes for either, who, how often, and what drugs or alcohol?

COUPLE SATISFACTION CHECKLIST

| | Very Dissatisfied | Moderately Dissatisfied | Slightly Dissatisfied | Slightly Satisfied | Moderately Satisfied | Very Satisfied | Very Satisfied | From the 13 items, Check 3 areas you most want to change |
|---|-------------------|-------------------------|-----------------------|--------------------|----------------------|----------------|----------------|--|
| Handling of Household Tasks | | | | | | | | |
| Common Interests & Social Life | | | | | | | | |
| Degree of Respect & Admiration for Your Partner | | | | | | | | |
| Satisfaction with Your Role in the Relationship | | | | | | | | |
| Satisfaction with Your Partner's Role in the Relationship | | | | | | | | |
| Overall Satisfaction with Your Relationship | | | | | | | | |

Form completed by: _____

Date: _____