

Cynthia Ropek, M.A.

COUPLES CONTACT INFORMATION

DATE _____

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Msg ok? _____ Best # to reach you? _____

Work Phone _____ Msg ok? _____ Best # to reach you? _____

Cell Phone _____ Msg ok? _____ Best # to reach you? _____

Emergency Contact _____ Phone _____

MD/Psychiatrist _____ Phone _____

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

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Work Phone _____ Msg ok? _____ Best # to reach you? _____

Cell Phone _____ Msg ok? _____ Best # to reach you? _____

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Relationship Status _____ Children? _____ Ages _____

Living Together? _____ How long in relationship? _____

Previous Couples Therapy? _____ When and how long? _____

Helpful? Why or why not? _____

Referred by _____

Partner Name _____

Circle all that apply:

- | | | | | |
|-----------------|-----------------|---------------------|------------------|--------------------------|
| General Anxiety | Grief and Loss | Relationship Issues | Life Transition | Substance Abuse |
| Depression | Parenting | Family Problems | Spiritual Issues | Trauma |
| Panic Attacks | Low Self Esteem | School Issues | Chronic Illness | Food/Eating Issues |
| Nightmares | Fear/Phobia | Job Issues | Stress | Suicidal Thoughts |
| Self-harm | Social Anxiety | Anger Issues | Personal Growth | Others suggested therapy |

Other (describe) _____

Causes of stress in your life: _____

Previous Therapy _____ When and for how long? _____

Was it helpful? Why or why not? _____

Have you ever been hospitalized for mental health reasons? _____ If so, when? _____

Please describe: _____

Please describe major losses or trauma: _____

Drug/Alcohol use (past and present): _____

Significant health conditions(past and present) _____

Current Medications (Name/Dosage) _____

Do you have a religious affiliation or a spiritual path? _____

Do you have close friends:(circle) None One A few Many

Occupation: _____ Education: _____

Partner Name _____

Circle all that apply:

- | | | | | |
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