**Date:**

**Name: DOB**

**Name: DOB:**

**Name: DOB:**

**Social Security Number**

**Social Security Number Social Security Number**

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip**\_\_\_\_\_\_\_

**Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_

**Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address:**

**Religious affiliation?**

**What do you feel is the problem in your relationship?**

**Do you wish to work on improving the relationship?**

**What are you willing to do to make it work?**

**What have you tried, in the past, to resolve these issues?**

**What do you hope to accomplish with therapy?**

**What are your life dreams?**

**What are your strengths?**

**What are your weaknesses?**

**What was it like growing up in your house?**

**Do you feel you communicate effectively?**

**What do you feel need to be addressed as we proceed?**