

COUPLE INTAKE FORM

**CONFIDENTIAL INFORMATION - FOR THE RECORDS OF: CATHERINE G. CAUTHORNE PH.D.
CLINICAL PSYCHOLOGIST**

DATE:

A. GENERAL

ADULT PATIENTS' NAMES:: _____

ADDRESS: _____

TEL. # _____ (HOME) OK TO LEAVE MESSAGE ? : Y N
_____ (WORK) SPECIAL INSTRUCTIONS :
_____ (CELL PHONE)

RESPONSIBLE PARTY'S SOCIAL SECURITY #: _____

B. BACKGROUND

Husband's
AGE _____ DATE OF BIRTH _____
Wife's
AGE _____ DATE OF BIRTH _____

Husband's
YEARS OF EDUCATION _____ OCCUPATION AND PLACEMENT OF EMPLOYMENT: :

Wife's
YEARS OF EDUCATION _____ OCCUPATION AND PLACEMENT OF EMPLOYMENT: :

HOUSEHOLD COMPOSITION:

NAME ;	BIRTHDATE :	RELATIONSHIP :
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. MEDICAL-PSYCHIATRIC HISTORY

FAMILY PHYSICIAN _____ Last Contact :

Husband's

HEIGHT : _____ WEIGHT : _____ USUAL WEIGHT : _____

Wife's

HEIGHT: _____ WEIGHT: _____ USUAL WEIGHT: _____

(If you have not had a physical in the last year, I highly recommend you schedule one.)

PREVIOUS COUNSELLING : Yes _____ No _____ LAST COUNSELLOR AND DATES:

OTHER COUNSELORS , ADDRESSES AND DATES:

Did you consider these contacts successful? _____ Why?

PREVIOUS PSYCHIATRIC HOSPITALIZATION : Yes ___ WHO: _____ No _____ Where:

Dates: _____ Presenting Problem: _____ nature of
: problems:

CURRENT MEDICATIONS (of any type) : Yes _____ WHO: _____ No _____ List each:

PERSCRIBING PHYSICIAN (with phone number) FOR CURRENT MEDS:

PAST PSYCHIATRIC MEDICATIONS' : Yes _____ WHO: _____ No _____ Describe effectiveness :

CURRENT MEDICAL PROBLEMS : Yes _____ WHO: _____ No _____ Describe :

PAST MEDICAL PROBLEMS : Yes ____ WHO: _____ No ____ Describe:

DESCRIBE DRUG/ALCOHOL USE:

D. PRIMARY CONCERN AND WHEN DID YOU FIRST BECOME AWARE OF THE PROBLEM:

REFERRAL SOURCE :

EMERGENCY CONTACT/ PHONE NUMBER FOR WIFE AND HUSBAND: _____