



Susan Blank, LPC, NCC

Couples Counseling Information Form

Today's Date: _____ Marital Status: _____ Years Together: _____

1. Partner Name: _____ Age: _____

Home Phone: _____ Cell: _____ Email: _____

Number of Marriages: _____ Reason for Termination of Previous Marriages: _____

Total No. of Children: _____ Number of children together: _____ Names & Ages: _____

Highest Level of Education: _____

Occupation: _____ Employer: _____

Address: _____

2. Partner Name: _____ Age: _____

Home Phone: _____ Cell: _____ Email: _____

Number of Marriages: _____ Reason for Termination of Previous Marriages: _____

Total No. of Children: _____ Number of children together: _____ Names & Ages: _____

Highest Level of Education: _____

Occupation: _____ Employer: _____

Address: _____

Please explain briefly why you are seeking therapy at this time.

