



Susan Blank, LPC, NCC

Couples Counseling Information Form

Each partner will need to fill out a separate form, in addition to the DAS Scale. Thank you!

Today's Date: _____

Name: _____

Age: _____ Marital Status: _____ Years Together/Married: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

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

Total No. of Children: _____ Number of children together: _____

Names / Ages: _____

Home

Address: _____ -

Highest Level of Education: _____

Occupation: _____ Employer: _____

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