

Constructive Strategies for Rational Living

57 Executive Park South N.E. Atlanta Ga 30329- (678) 464-3941

Client Information Form (Couples)

Please print legibly

Names _____ Today's Date _____
_____ Date of Birth _____
_____ Date of Birth _____
SSN _____ SSN _____

Address _____

Home phone _____ May I leave a message? _____
Cell phone _____ May I leave a message? _____
Cell phone _____ May I leave a message? _____

Email _____
Email _____

Who referred you? _____

Occupation _____ Employer _____
Occupation _____ Employer _____

Are you married? _____ If so, for how long? _____ Anniversary _____
If not, how long have you been in your current relationship? _____

Children:	Names	Age	Sex

Primary Physician Name _____ Phone number _____

Please list all current medications	Name	Dosage	Frequency

If you are under the care of a Psychiatrist please give us the name and phone number.

Name _____ Number _____

May I contact them? (This will be discussed with you first) _____

Do you or have you ever suffered from any of the following?

Depression _____ Suicidal Thoughts _____

Alcohol abuse _____ Drug Abuse _____

Other Addictions (Gambling, Sex, Gaming etc.) _____

Serious illness _____ Violence _____

Abuse _____ Trauma _____

Are you currently seeking treatment for any of the above? _____

If so, by whom? _____ Phone Number _____

Are you currently in therapy? _____

With whom? _____ Phone Number _____

Have you ever been in therapy before? _____

With whom? _____ Phone Number _____

How will you know when your couple's therapy is successful? _____

Payment and Cancellation Agreement

I agree to pay for treatment at the time of service

I understand that if I cancel an appointment less than 48 hours in advance I will be required to pay the full amount of the session.

Signature _____

Signature _____

Printed name _____

Printed Name _____

Date _____

Date _____