JEREMY WEXLER SW, CFT, Psychotherapist
514 799-6965 #43 – 2100 Marlowe jeremywexlertherapy.com

COUPLE THERAPY INTAKE FORM

Please print this form and complete it individually***. Give it to the therapist at the first meeting.***
Please note: *The therapist will ask you some of the same questions at the interview. The therapist will discuss your answers with you.*

All information given to the therapist is confidential.
It will not be shared with anyone who is not at the therapy session without your consent unless there is a risk of immediate loss of life or of abuse or neglect of a child under 18.

First name: _____
Last name:_____
Age: _____
Date of birth__YY___/__MO__/_DAY__
Marital Status: _____
Sex/gender: _____

Cell #: _____
Other#_____

Home address: _____

Children in order of eldest to youngest, please include age(s):
_____
_____
_____

Who do you live with? Please indicate their relationship to you
_____
_____
_____
_____

Please indicate the first name and approximate dates of all previous relationships in which you lived with your partner for more than a year.
_____
_____
_____
_____
_____

PSYCHIATRIC AND MEDICAL HISTORY

Please list any psychiatric or “mental” problems you have been diagnosed with:

_____
_____
_____

Please list any medical or “physical” problems that you have been diagnosed with:

_____
_____
_____

Please list any medications you currently take, and what you take them for:

_____
_____
_____

How many times have you been pregnant? _____

Name of Family doctor: _____
Phone: _____

Name of Psychiatrist: _____
Phone: _____

Have you ever been hospitalized for psychological or psychiatric reasons?
□ Yes □ No
If yes, please describe when and where you were hospitalized, and for which reasons.

_____
_____
_____

Have you received prior couple counselling? □ Yes □ No
If yes, when:_____
Therapist:_____
Length of treatment:_____
Problems treated:

_____
_____
_____
Was the outcome successful? □ Very □ Somewhat □ No change □ Got worse

Have you ever been in individual counselling before? □ Yes □ No
If yes, when:_____
Therapist:_____
Length of treatment:_____
Problems treated:

_____
_____
_____
Was the outcome successful? □ Very □ Somewhat □ No change □ Got worse

Please indicate if you have experienced the following

	Never	Yes in my lifetime but not in the last 30 days Please indicate the month and year when you experienced	Yes, in the last 30 days. Please indicate on how many days in the last 30 days.
Felt very down for no clear cause for more than two days in a row			__/30
Felt very worried for no clear cause for more than two days in a row			__/30
Had panic attacks			__/30
For more than 18 hours, became very full of energy, couldn't calm down, couldn't sleep or couldn't stop talking.			__/30
Have hit, punched or shoved someone			__/30
Had difficulty controlling anger			__/30
Have ever cut or otherwise harmed self			__/30
Over a period of more than a month, have restricted eating beyond simple dieting, have forced self to vomit or have binged.			__/30
Have had vivid, lifelike dreams of past traumatic events in my life several times in a week			__/30
Seen or heard things that weren't there (not as a result of drug use).			__/30
Thought about killing myself			__/30
Tried to kill myself			__/30

Comments:_____
_____
_____
_____

Were you ever the target of sexual abuse or sexual violence? □ Yes □ No
Please include any information you wish to share about this.

_____
_____
_____

Please indicate how many times the following has happened in the last 30 days.

I drank more than 3 drinks in a day __/30
My partner drank more than 3 drinks in a day __/30
I drank until I became drunk __/30
My partner drank until drunk __/30
I used cannabis in any form __/30
My partner used cannabis in any form __/30
I used non-prescribed drugs other than cannabis __/30 Please indicate the drug or drugs used
_____
_____

My partner used non-prescribed drugs other than cannabis __/30 Please indicate the drug or drugs used
_____
_____

Please rate your current level of relationship satisfaction by circling the number that corresponds with your current feelings about the relationship:
(extremely unsatisfied) 1 2 3 4 5 (extremely satisfied)

Has either of you raised the possibility of separating/divorce as a result of the current relationship problems?
□ Yes □ No

Has your partner ever been physically violent, ie. hit, grabbed or restrained you
□ Yes □ No

Has your partner ever threatened to harm you physically, emotionally or financially
□ Yes □ No

How satisfied are you with the frequency of your sexual activities? (circle one)
(extremely unsatisfied) 1 2 3 4 5 (extremely satisfied)

How satisfied are you with the quality of yours your sexual activities? (circle one)
(extremely unsatisfied) 1 2 3 4 5 (extremely satisfied)

Name the top three concerns that you have in your relationship with your partner:
1._____
_____
2._____
_____
3._____
_____

File Copy

INFORMED CONSENT TO COUPLES THERAPY

FEES and PAYMENTS: Payments can be made by cash, cheque or online payment. Fee is based on your gross income as a family.

Agreed fee: _____

The first assessment session is generally 1 hour and fifteen minutes. After the assessment session, sessions are approximately 50 minutes in length. The cost is the same.

ATTENDENCE Therapy requires regular attendance. Data indicates that coming weekly at the beginning of therapy is important to making effective change. TWENTY-FOUR (24) hours' notice is required to CANCEL OR RESECHEDULE an appointment. You will be billed for the full fee of the missed session. Missing sessions prevents other clients from being seen and impedes your progress. If you miss sessions the therapist will discuss with you whether you can benefit from therapy at this point and may choose to terminate the therapy.

Please contact the therapist if you are running late. If you arrive more than fifteen minutes late, it will be considered a miss session, whether you contact the therapist or not, since it is not possible to make effective use of so short a period of time.

Generally, couples therapy takes place with both members of the couple present. The therapist may ask to meet with members of the couple separately. If a session is booked for a couple, both members are expected to attend. If one member of the couple comes to a session planned for the couple, that will be considered a missed session; the session will not take place and you will be billed.

Generally, contact between sessions should be limited to planning for a next session. If there are matters that go beyond planning for the next session they are more appropriately dealt with in session.

CONFIDENTIALITY: Records may include items such as personal information, progress notes, and evaluations, and will be shredded 7 years after your file has been closed. No information about you can be released to a third party without your prior written consent, or verbal consent in the case of an emergency.

Exceptions include: (1) when children are under 14 years of age, and their parents/legal guardians want access to the file, (2) risk of imminent danger, such as suicide, death, or serious bodily harm to an identifiable person or group, (3) suspected or known abuse or neglect of a child or older adult, (4) requests ordered by a court of law or the Order of Psychologists of Quebec or the Order of Social Workers and Couple and Family therapists of Quebec.

You may refuse any therapeutic suggestions offered to you, or to suspend or cease treatment at any time. If you decide to stop treatment for any reason, please notify your therapist so that your file can be closed and/or you can be referred to another resource.

Consent to treatment: I have read and understood the above information, and any questions that I had have been answered. I agree with the above consent form, and freely consent to receive psychotherapeutic services.

Name of client: _____
Signature: _____
Date: _____

Client Copy

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