

Confidential Personal Record

Date \_\_\_\_\_ SS# \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Can we leave a message? Yes \_\_\_\_ No \_\_\_\_  
Work Phone Number \_\_\_\_\_ Can we leave a message? Yes \_\_\_\_ No \_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Who referred you to us? \_\_\_\_\_

**Family History:**

1. What is your relationship status? Single \_\_\_\_ Dating \_\_\_\_ Married \_\_\_\_ Domestic Partner \_\_\_\_  
Divorced \_\_\_\_ Widow(er) \_\_\_\_
2. What is your partner's name? \_\_\_\_\_ Age \_\_\_\_\_
3. Do you have children? Yes \_\_\_\_ No \_\_\_\_  
Names and ages of children \_\_\_\_\_  
\_\_\_\_\_
4. With whom do you live? \_\_\_\_\_
5. How many brothers and sisters do you have? \_\_\_\_\_
6. Are you the oldest, youngest, or middle child? \_\_\_\_\_
7. Have you been married before and/or have you lived with another significant partner in the past?  
Yes \_\_\_\_ No \_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_
8. What is your religion? \_\_\_\_\_
9. Medication(s) you take: \_\_\_\_\_

10. Previous individual or couples' therapy: \_\_\_\_\_  
\_\_\_\_\_
11. Alcohol and drug history: \_\_\_\_\_  
\_\_\_\_\_
12. Anything else you could tell me that would help me to help you now? (Loss of any kind, trauma in the relationship, life circumstance that is challenging or had been challenging, significant transitions, etc.)
13. Falling in love: Tell me how you met and what attracted you to your partner.
14. Power Struggle: (Things changed when...)
15. What I imagine it is like to be married (in partnership) with me is.....

