



Dr. Tina Scott, DhA, MA, LPC

COUPLES THERAPY INTAKE FORM

Please complete this form individually

Name: _____ [] Male [] Female Date: _____

Address _____

City, State, Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ Age _____ Zodiac Sign _____

Race _____ Name of Partner _____

A copy of your Insurance & Drivers License is needed at the time of service. Please read the following carefully and sign below.

HEALTH INSURANCE INFORMATION

Insurance Company Name _____ Specialty co-payment _____

Address _____ Phone# _____

Policy Holder's Name _____ Policy Holder Birth Date _____

Policy Holder's SS# _____ Relationship to Patient _____

Policy ID# _____ Group# _____

If there is a secondary insurance, complete the following:

Insurance Company Name _____ Specialty co-payment _____

Address _____ Phone# _____

Policy Holder's Name _____ Policy Holder Birth Date _____

Policy Holder's SS# _____ Relationship to Patient _____

Policy ID# _____ Group# _____

Referred by (if any): _____

Are you using EAP employee assistance program? Yes No

If yes what is the name and contact number for your EAP? _____

Authorization Number _____ Number of Authorized Session _____

Assignment of Benefits and Release of Information

I give permission to Dr. Tina Scott and billing staff to send required information to my insurance company or my Employee Assistance Program (EAP). I am aware that I am placing my signature on file and that this authorization shall remain valid until written notice is given by me revoking said authorization. I also understand that I will responsible for any unpaid balances including copayments, deductibles and non-covered services. I understand that appointments missed or cancelled less than 48 hours before the appointment will be billed at 100%. I understand that my insurance or EAP does not cover the cost of missed sessions. I am aware that failure to pay unpaid balances will cause my account to be sent to collection agencies.

Signature of Responsible Party

Date

Dr. Tina Scott
COUPLE INTAKE
1445 City Avenue
Wynnewood, PA 19096
215-519-2531

Have either you or your partner been in individual counseling before? Yes No If so, give a brief summary of concerns that you addressed.

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? If yes for either, who, how often and what drugs or alcohol?

Have either you or your partner struck, physically restrained, used violence against or injured the other person? If yes for either, who, how often and what happened.

Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems? If yes, who? Me Partner Both of us

If married, have either you or your partner consulted with a lawyer about divorce? If yes, who? Me Partner Both of us

Do you perceive that either you or your partner has withdrawn from the relationship?

If yes, which of you has withdrawn? Me Partner Both of us

How frequently have you had sexual relations during the last month? _____ times

How enjoyable is your sexual relationship? (Circle one)

1 2 3 4 5 6 7 8 9 10

(extremely unpleasant)

(extremely pleasant)

How satisfied are you with the frequency of your sexual relations? (Circle one)

1 2 3 4 5 6 7 8 9 10

(extremely unsatisfied)

(extremely satisfied)

What is your current level of stress (overall)? (Circle one)

1 2 3 4 5 6 7 8 9 10

(no stress)

(high stress)

What is your current level of stress (in the relationship)? (Circle one)

1 2 3 4 5 6 7 8 9 10

(no stress)

(high stress)

Rank the order of the top three concerns you have in your relationship with your partner (1 being the most problematic)

1. _____
2. _____
3. _____

Additional Comments



Never give up.
Today is hard,
tomorrow will be worse,
but
the day after tomorrow will be sunshine.
Jack Ma

1. What is the problem that led you to decide to come to couples therapy?

2. What initially attracted you to your partner?

3. What was the beginning of your relationship like and how long did this phase last?

4. What happened that first caused you to feel disillusioned with your partner? Did this lead to any changes in your relationship?

6. How long has it been since things were good between the two of you? What caused things to go downhill after that?

7. How are the two of you similar and how are you different?

8. What do you do when there is conflict between the two of you? What does your partner do?

9. What do you do when you are angry with him? What does your partner do when angry with you?

10. What strengths and weaknesses do you have in resolving conflict? What would you say are your partner's strengths and weaknesses in resolving conflict?

11. Do you enjoy being involved in activities separate from you partner? What do you like to do in those situations?

12. How comfortable are you if your partner spends free time away from you?

13. Do you have relationships with other people that create conflict with your partner, and if so, why?
14. On a scale of 1 to 10, how aware or in touch with your emotions are you (1=not at all and 10=extremely)? Explain the rating you give yourself.
15. On a scale of 1 to 10, how open are you in expressing your innermost feelings, desires and thoughts to your partner (1=totally closed and 10=totally open)? Explain the rating you give yourself.
16. What is the area or topic that it is most difficult for you to open with your partner about? Why?
17. When you could use support or encouragement from your partner, do you get it? How? When your partner wants support or encouragement from you do you feel that you give it? How?
18. Describe your sexual relationship. What do you find most satisfying about it? What don't you like about it? How has your sexual relationship changed since you were first together?
19. When do you feel most content in your relationship? When do you feel most unhappy or frustrated?
20. On a scale of 1 to 10, describe your level of commitment to your relationship (1=not at all, 10=extremely). Explain the rating you give yourself.
21. On a scale of 1 to 10, how much do you still love your partner (1=not at all, 10=very deeply)? Explain the rating you give yourself.
22. On a scale of 1 to 10, how much do you respect your partner (1=not at all, 10=very highly)? What is it about him that creates that level of respect in you?

23. What role have you played in contributing to the problems in your relationship; what tendencies do you have and what actions have you taken that have helped create or have added to the difficulties between you two?

24. If your relationship were a book or a movie, what would it be titled? And how would it end?