

SOL ASSOCIATES, PLLC
INFORMATION FORM for COUPLES

Each individual, please provide the following information on a separate sheet.

PERSONAL BACKGROUND

Date: _____

NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

LOCAL ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____ OTHER PHONE: _____

WHERE IS IT OKAY TO LEAVE A MESSAGE FOR YOU? _____

EMPLOYER: _____

IF YOU HAVE EVER HAD PREVIOUS COUNSELING, WHERE? _____ WHEN? _____

RATE YOUR CURRENT PHYSICAL HEALTH: POOR _____ FAIR _____ GOOD _____ EXCELLENT _____

IF YOU CURRENTLY HAVE A PHYSICIAN, WHO? _____

REFERRAL INFORMATION

HOW WERE YOU REFERRED? FRIEND _____ FAMILY _____ OTHER (WHO?) _____

MAY I HAVE PERMISSION TO THANK YOUR REFERROR? NO OTHER INFORMATION WILL BE SHARED: YES _____ NO _____

HOUSEHOLD INFORMATION (Only one partner needs complete this if you are in the same household)

<u>FIRST NAME (OPTIONAL)</u>	<u>SEX</u>	<u>AGE</u>	<u>RELATION TO YOU</u>	<u>OCCUPATION</u>
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OTHER SIGNIFICANT PEOPLE IN YOUR LIFE (PLEASE SPECIFY RELATIONSHIP-- friends, siblings, parents, guardians, etc.)

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Please complete this page together if possible. If necessary, each partner may complete their own copy.

BACKGROUND

HOW ARE YOU RELATED? _____

LIST SIGNIFICANT DATES/EVENTS IN RELATIONSHIP (MEETING, MARRIAGE, BREAKUP, MOVING IN, ETC.)

DATE: _____	EVENT: _____
DATE: _____	EVENT: _____
DATE: _____	EVENT: _____
DATE: _____	EVENT: _____

MARK ANY OF THE FOLLOWING ITEMS THAT CURRENTLY CONCERN YOU WITH A "P" IF IT APPLIES TO YOUR PARTNER ONLY, AN "S" IF IT APPLIES TO YOURSELF ONLY OR A "B" IF IT APPLIES TO BOTH. Mark and circle those items that are of most concern to you. Each partner marks items they think of as a concern in their column.

- | | |
|--|---|
| ____ RELATIONSHIP WITH FAMILY MEMBERS | ____ RELATIONSHIP WITH FRIENDS / ROOMMATE |
| ____ RELATIONSHIP WITH IN-LAWS | ____ ANGER, IRRITABILITY |
| ____ DEATH OR LOSS OF SIGNIFICANT PERSON | ____ ANXIETY, PANIC |
| ____ COMMUNICATION BARRIERS | ____ CONCERN ABOUT ALCOHOL, DRUGS, MEDICATION |
| ____ INFIDELITY/BETRAYAL | ____ PERFECTIONISM |
| ____ SPIRITUAL CONCERNS | ____ PHYSICAL STRESS (HEADACHES, UPSET STOMACH,
TENSE MUSCLES) |
| ____ SEXUAL CONCERNS | ____ DIFFICULTY CONCENTRATING |
| ____ ETHNIC / RACIAL CONCERNS | ____ MOTIVATION, PROCRASTINATION |
| ____ CONCERN ABOUT BELIEFS / VALUES | ____ DEPRESSION |
| ____ SELF-ESTEEM | ____ LONELINESS |
| ____ ASSERTIVENESS, SHYNESS | ____ PORNOGRAPHY USE OR ABUSE |
| ____ DECISION-MAKING ABILITIES | ____ SLEEP DIFFICULTIES |
| ____ RELATIONSHIP WITH EMPLOYER | ____ EDUCATION / EMPLOYMENT / CAREER PLANS |
| ____ FOOD & BODY IMAGE CONCERNS | ____ FERTILITY CONCERNS |
| ____ CHILDREARING CONCERNS | ____ SUICIDAL THOUGHTS / ACTIONS |
| ____ FINANCIAL MATTERS | ____ PHYSICAL ROUGHNESS IN RELATIONSHIPS |
| ____ WORK / EMPLOYMENT | |

PLEASE SUMMARIZE THE SPECIFIC CONCERNS THAT BRING YOU HERE _____
