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)

FIRST NAME (OPTIONAL)	SEX	AGE	RELATION TO YOU	OCCUPATION

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 IN-LAWS

_____ _____ DEATH OR LOSS OF SIGNIFICANT PERSON

_____ _____ COMMUNICATION BARRIERS

_____ _____ INFIDELITY/BETRAYAL

_____ _____ SPIRITUAL CONCERNS

_____ _____ SEXUAL CONCERNS

_____ _____ ETHNIC / RACIAL CONCERNS

_____ _____CONCERN ABOUT BELIEFS / VALUES

_____ _____ SELF-ESTEEM

_____ _____ ASSERTIVENESS, SHYNESS

_____ _____ DECISION-MAKING ABILITIES

_____ _____ RELATIONSHIP WITH EMPLOYER

_____ _____ FOOD & BODY IMAGE CONCERNS

_____ _____CHILDREARING CONCERNS

_____ _____ FINANCIAL MATTERS

_____ _____ WORK / EMPLOYMENT

_____ _____ RELATIONSHIP WITH FRIENDS / ROOMMATE

_____ _____ ANGER, IRRITABILITY

_____ _____ANXIETY, PANIC

_____ _____ CONCERN ABOUT ALCOHOL, DRUGS, MEDICATION

_____ _____ PERFECTIONISM

_____ _____ PHYSICAL STRESS (HEADACHES, UPSET STOMACH, TENSE MUSCLES)

_____ _____DIFFICULTY CONCENTRATING

_____ _____ MOTIVATION, PROCRASTINATION

_____ _____ DEPRESSION

_____ _____LONELINESS

_____ _____PORNOGRAPHY USE OR ABUSE

_____ _____ SLEEP DIFFICULTIES

_____ _____ EDUCATION / EMPLOYMENT / CAREER PLANS

_____ _____ FERTILITY CONCERNS

_____ _____ SUICIDAL THOUGHTS / ACTIONS

_____ _____PHYSICAL ROUGHNESS IN RELATIONSHIPS

PLEASE SUMMARIZE THE SPECIFIC CONCERNS THAT BRING YOU HERE _____

_____

_____

_____

_____