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### Couples Intake Form

The information in this form is helpful to me for clinical reasons and also emergency situations.

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of birth \_\_\_\_\_ Referred by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work  Cell  \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work  Cell  \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Previous counseling or psychotherapy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current or chronic health problems \_\_\_\_\_

\_\_\_\_\_

Regular medications \_\_\_\_\_

\_\_\_\_\_

Drug/alcohol use \_\_\_\_\_

\_\_\_\_\_

Any other information you would like me to know before we begin? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_