

<h1 style="text-align: center;">Couples Therapy</h1>	First Date of Service:	NAME:
His Name/dob:		
Her Name/dob:		
Why are you here today?		
Are you married?	YES	NO
If so:	Anniversary Date:	Years married:
What year did you start living together?	Year:	# of years:
How long have you known each other?		
Do you have children? YES NO	Below, specify if child is from a previous relationship:	Below, specify if they do NOT live with you:
Name/age:		

Does anyone else live in your household? YES NO		Who:
Occupations	Employer	
Him:		
Her:		
Have you done couples therapy before? Yes No	How long ago?	Therapist name:
How many sessions and was it helpful?		
Any Legal Issues: Yes No	Explain:	
Do you have a support network of family and friends?		
Do you have spiritual beliefs?	If applicable, church or religious affiliation	
Him: YES NO		
Her: YES NO		
Anything else you want me to know right now?		

Couples Consent To Treatment Statement of Understanding

By initialing each statement below and signing the bottom of this form, I attest that I am in agreement with the statements on this form. This consent/statement of understanding will be in effect for the length of the treatment.

____ I have read the Office Policies & General Information Agreement for Psychotherapy Services and Informed Consent for Psychotherapy Agreement carefully (which is located in the waiting room); I understand them and agree to comply with them. I understand a personal copy of the Agreement is available to me upon request.

____ I willingly give my consent to receive services at Lifesong for Growth and Wellness.

____ I understand that I am financially responsible for my balance and that payments are due at time of service.

____ I understand I will also be provided with a financial agreement for the cost of future services.

____ I understand that if I fail to give 24 hours notice/miss a scheduled appointment, I will be billed for the full amount of the session.

Client Name (print) _____

Signature _____ Date _____

Client Name (print) _____

Signature _____ Date _____

Employee of Lifesong for Growth and Wellness, LLC

Name (print) _____

Signature _____ Date _____

If you would like a copy of this agreement, please let us know.