

MARRIAGE COUNSELING INTAKE FORM

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Please provide the following information and answer the questions below to the best of your ability and bring it to your first session. The information you provide in this form is protected as confidential information.

Name: _____

Spouse: _____

Birth Date: ____/____/____ Age: _____ Gender: Male Female

Marital Status: Married Separated Divorced Living together Living apart

Length in relationship: _____ Wedding Anniversary Date: ____/____/____

List children and ages, if applicable: _____

Address: _____

Home Phone: _____ May we leave a message? Yes No

Cell/Other Phone: _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): _____

Communication style: avoidant/quiet () aggressive/confrontational () passive aggressive ()

How do you perceive your spouse talks to you? _____

Have you been in couples/marriage counseling before? Yes () No () Was it successful? Yes () No ()

If yes, list, where, time, and problems of treatment: _____

Do you want to include religion/spirituality in treatment? Yes () No (). If so, what is your faith? _____

Name 3 of your spouse's strengths: _____

What are 2 of your strengths as a couple? _____

Please make at least one suggestion of something you could personally do to improve the relationship regardless of what your spouse does: _____

Are you willing to work on your marriage? Yes () No () If no, are you willing to be willing to work on your marriage? Yes () No ()

Thank you for completing this form. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in session but your spouse will not be shown this form.