Couples Counseling Confidential Intake Form

Date______________

Client Information

Full Legal Name

Partner #1 ____

Partner #2____

Preferred Nickname

Partner #1______________________________ Pronouns ______________

Partner #2______________________________ Pronouns ______________

Date of Birth Partner #1 ____________________________________

Date of Birth Partner #2 ____________________________________

Gender Identity Partner #1 __________________________________

Gender Identity Partner #2 __________________________________

Sexual Orientation Partner #1 ________________________________

Sexual Orientation Partner #2 ________________________________

Race/Ethnicity Partner #1___________________________________

Race/Ethnicity Partner #2___________________________________

Any other identifying information you would like us to know?__________________

____

Email Address Partner #1______________________ OK to email you here? Y☐ N☐

Email Address Partner #2______________________ OK to email you here? Y☐ N☐

Mailing Address Partner #1 __________________________________

Mailing Address Partner #2 __________________________________

Best Phone # Partner #1____________________ OK to call you here? Y☐ N☐

OK to leave a message? Y☐ N☐

Best Phone # Partner #2____________________ OK to call you here? Y☐ N☐

OK to leave a message? Y☐ N☐

Emergency Contact Name ____________________ Phone__________________

Relationship of Emergency Contact_____________________________

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Statement of Need

Please provide a brief description of your reasons for seeking couples counseling at this time.

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___

What are your goals for our counseling work?

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___

___

Please circle/highlight your current level of commitment, confidence, and distress in your relationship:

Level of Commitment	Level of Confidence	Level of Distress
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Low High	Low High	Extremely Unhappy Extremely Happy

Please check/highlight of any of the following struggles that pertain to your relationship:

☐ Anxiety	☐ Depression	☐ Fear	☐ Eating Disorders	☐ Aging
☐ Stress	☐ Domestic Violence	☐ Hair/Skin Picking	☐ Sexual Problems	☐ Sexuality
☐ LGBTQ	☐ Gender Transition	☐ Separation/Divorce	☐ Unhappiness	☐ Money
☐ Abortion	☐ Infertility	☐ Pregnancy/Birth	☐ Parenting	☐ Career
☐ Grief	☐ Anger	☐ Self Control	☐ Infidelity	☐ Chronic Illness
☐ Oppression	☐ Religion/Spirituality	☐ Racism	☐ Sexism	☐ Self Harm
☐ Trauma	☐ Suicidal Thought	☐ Polyamory	☐ Phobia	

History of Care

Are either of you currently under medical care? Y ☐ N ☐ If yes, then please explain:

___

___

___

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Are either of you currently taking prescribed medications? Y ☐ N ☐ If yes, then please explain:

____

____

____

List any psychiatric/mental health medications either of you have taken:

____

____

Have either of you been under the care of a psychiatrist, psychologist, or counselor? Y ☐ N ☐
If yes, please give the name and date of the therapy and briefly explain the nature of the problem that required attention.

____

____

____

Have either of you been given a mental health diagnosis? Y ☐ N ☐
If yes, what diagnosis?
Diagnosis __________________________ Date ________________________
Diagnosis __________________________ Date ________________________
Diagnosis __________________________ Date ________________________
Diagnosis __________________________ Date ________________________

Have either of you ever been hospitalized for a mental health condition? Y ☐ N ☐
If yes, please give dates and briefly explain the nature of the problem that required attention.

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____

Have either of you ever been in a drug or alcohol treatment program? Y ☐ N ☐
If yes, please give the facility, length of time in treatment and outcome.

____

____

____

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Do either of you currently drink alcohol? Y ☐ N ☐

How much? How often? ______________________________

Do either of you currently use recreational drugs? Y ☐ N ☐

Who? How often? What substances? ______________________________

____

Do either of you feel you have a problem with either alcohol or drugs? Y ☐ N ☐

Have either of you ever considered suicide? Y ☐ N ☐

Have either of you ever attempted suicide? Y ☐ N ☐

If yes, please provide some details.

____

____

____

Have either of you ever been in an eating disorder treatment program? Y ☐ N ☐

If yes, who? Please give the facility, length of time in treatment, and outcome.

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____

Are either of you currently struggling with an eating disorder or disordered eating? Y ☐ N ☐

If yes, who? What behavior(s)?

____

____

____

How often?

____

____

____

Do either of you have practice cutting? Y ☐ N ☐ If yes, provide comments or thoughts:

____

____

____

Recent weight gain or loss ? Y ☐ N ☐ Comments: ______________________________

Is there anything else you think your therapist should know about prior to beginning?

____

____

____

Long Term Counseling Commitment

We believe healing and change most often occur slowly over time. MEND offers long-term couples counseling, and we give priority to couples who are seeking to commit to weekly, long-term work. How sure are you on a scale of 1 to 10 that you are able to commit to weekly therapy?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all likely — moderately sure — definitely!

Intake Process & Weekly Counseling Fee

- The Gottman Relationship Checkup is an online intake tool we use that costs $30 per couple. More information on that to come.
- MEND Seattle's couples counseling fees with our interning therapists range from $55-$75 and range from $90-$135 with staff therapists. We are unable to go below $55 for an Interning Therapist or $90 for a Staff Therapist.
- We see clients on a weekly basis and only offer less frequent appointments if determined as appropriate to your care with your therapist and their supervisor.
- We do not take insurance.
- In your first session, your counselor will have a conversation with you to determine your counseling fee together.

Pairing You with a Couples Therapist

We know that fit matters, and many clients want to work with a particular therapist. At MEND, we do what we can to work with our clients to make pairings that will best serve our clients' needs. If we can't pair you with your preference, we will let you know, and we will also offer you an appointment time to give you the option of getting started.

With that in mind, please let us know your preferences:

A therapist of color Y ☐ N ☐

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LGBTQ+ identified counselor Y ☐ N ☐

Would you prefer to work with a particular MEND counselor? Y N If yes, who? ___________

I can pay within the $55-$75 range. Y ☐ N ☐

I can pay within the $90-$135 range. Y ☐ N ☐

Any other needs or preferences? ____

Schedule

MEND Seattle has a number of counseling times available. Scheduling availability will be a factor in getting you started. Please indicate below the days and times you are available.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am							
9am							
10a							
11:30am							
12:30pm							
1:30pm							
2:30pm							
3:30pm							
4:30pm							
6pm							
7pm							
8pm							

You can return this fillable form by email to:
begin@mendseattle.com

Thank you for submitting your application.