PAMELA KING THERAPY

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# INTAKE FORM – COUPLES COUNSELING

PLEASE PRINT!

## \*\*\*CONFIDENTIAL INFORMATION\*\*\*

INSTRUCTIONS: Print two copies of this form. Each individual is to complete a copy, sign it, and bring both copies with
you to the counseling session.

How did you hear of me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Last First Birth date Age

Ethnicity (circle one): Caucasian Hispanic African American Middle Eastern Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mobile Home

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of school/Special training(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Combat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status (circle one): Single Single/Living Together Married Divorced Separated Widowed

Spouse/Significant Other(SO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name

Ethnicity (circle one): Caucasian Hispanic African American Middle Eastern Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status (circle one): Single Single/Living Together Married Divorced Separated Widowed

Phone No: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Married/Together: \_\_\_\_

Significant Other’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special training(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SO’s military history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Combat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Marriages/Serious Relationships with children

Spouse/SO’s Name # of children from Relationship Length of relationship Reason for divorce/end

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Children: Does the child Is the child a result of

Name live with you? current relationship? M/F Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Who else, if anyone, shares your residence?

Name Relationship Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

18. Your Family of Origin (your parents and your siblings):

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Their Relationship to you  | Age (if Living)  | Additional information (Age and Year of Death, Married, City of Residence, Quality of Relationship  |
|   |   |   |   |
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Spiritual Faith or Participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like your spiritual beliefs to be a part of the counseling? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_\_

General physical and mental health:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Illnesses/disabilities:

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Medications – indicate what condition they are treating and how long you have been taking each:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Psychiatrist/Psychologist Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous counseling (Circle one): Yes No

If yes, give reason(s) for previous counseling/therapy:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you think the counseling was beneficial? \_\_\_\_\_\_\_\_\_\_ Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Counseling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which of the following are concerning you at this time (check all that apply):

\_\_\_ Alcohol/Substance abuse by self \_\_\_Family Problems \_\_\_ Eating Disorders

\_\_\_ Alcohol/Substance Abuse by others \_\_\_ Marital/Relational Problems \_\_\_ Poor appetite

\_\_\_ Sexual Difficulties \_\_\_Sexual orientation questions \_\_\_ Hopelessness, Helplessness

\_\_\_ Sexual Addiction \_\_\_ Guilt, Worthlessness \_\_\_ Muscle Twitching

\_\_\_ Physical Abuse \_\_\_ Restlessness \_\_\_ Chest Pain \_\_\_ Fatigue

\_\_\_ Emotional Abuse \_\_\_ Crying Spells \_\_\_ Shortness of Breath

\_\_\_ Sexual Abuse \_\_\_ Sudden weight gain/loss \_\_\_ Excessive Sweating

\_\_\_ Anxiety \_\_\_ Insomnia \_\_\_ Muscle Aches \_\_\_ Numbness in fingers

\_\_\_ Thoughts of Suicide \_\_\_Excessive Sleeping \_\_\_Panic Attacks

\_\_\_ Grief \_\_\_ Decreased Concentration \_\_\_ Dizziness/Faintness

\_\_\_ Illness \_\_\_ Loss of interests \_\_\_ Digestive Problems

\_\_\_ Spiritual Problems \_\_\_ Racing Thoughts \_\_\_ Rapid/Pounding pulse

\_\_\_ Adjustments to life changes \_\_\_ Uncontrollable thoughts

\_\_\_ Work, Vocational Problems \_\_\_ Uncontrollable behaviors \_\_\_Cold Hands

\_\_\_ Criminal Problems \_\_\_ Anger \_\_\_ Excessive Sweating

\_\_\_ Financial Problems \_\_\_ Irritability \_\_\_ Dry Mouth

\_\_\_ Abortion \_\_\_ Miscarriages \_\_\_ Mood Changes

\_\_\_ Anti-Social Behavior/Withdrawing \_\_\_Job Problems \_\_\_Seeing/hearing things others don’t
\_\_\_ Fear of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1-10, please rate the overall severity of your situation with 10 being the most severe: \_\_\_\_\_\_\_\_

Check how you generally get along with other people:

 \_\_\_ Affectionate \_\_\_ Aggressive \_\_\_ Avoidant \_\_\_ Fight/Argue often \_\_\_Follower \_\_\_ Friendly \_\_\_ Leader

 \_\_\_ Outgoing \_\_\_ Shy/Withdrawn \_\_\_ Submissive \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check how often the following occur to you:

Life is hopeless. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

I am lonely. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

No one cares about me. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently I am a failure. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

Most people don’t like me. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

I want to hurt someone. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

I am so stupid. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

I am so depressed. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

God is disappointed with me. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

I am disappointed with God. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

I can’t be forgiven. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

Why am I so different? \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

I can’t do anything right. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

I am out of control. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently I am unlovable. \_\_\_ Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Frequently

HISTORY

How did you meet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did your relationship grow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you know you wanted to get married:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How was your honeymoon:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How is your relationship now that you have children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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To what extent do you see things the same way regarding: (1 - Very Different, 10 – The Same)

|  |  |
| --- | --- |
| Relationship Needs  | 1 2 3 4 5 6 7 8 9 10  |
|   |  |
| Parenting   |   | 1 2 3 4 5 6 7 8 9 10  |
| In-laws   |   | 1 2 3 4 5 6 7 8 9 10  |
| Faith   |   | 1 2 3 4 5 6 7 8 9 10  |
| Finances   |   | 1 2 3 4 5 6 7 8 9 10  |
| Values   |   | 1 2 3 4 5 6 7 8 9 10  |
| Sexual Needs   |   | 1 2 3 4 5 6 7 8 9 10  |
| Communication  |   | 1 2 3 4 5 6 7 8 9 10  |

State the main reason you are seeking counseling at this time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long have you been experiencing this problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you experience this problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has it been since the last occurrence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your goal for counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PAYMENT AGREEMENT

I agree to the following payment plan to cover my portion of the charges:

\_\_\_\_\_\_\_\_\_\_ I do not have insurance and will pay in full at the time of service.

\_\_\_\_\_\_\_\_\_\_ I will file my own insurance and will pay in full at time of service.

\_\_\_\_\_\_\_\_\_\_ Please file my insurance. I will pay my cost share at the time of service.

\_\_\_\_\_\_\_\_\_\_ I understand that charges for missed appointments are my payment responsibility
and are not covered by insurance.

Initial Visit: $150.00 / 60 minutes

Individual, Couples, Family Therapy: $125.00 / 60 minutes

Missed appointments: $100.00

Letter or Report Preparation: $125.00/hr

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Signature Date

TEXAS STATE BOARD OF EXAMINERS OF

MARRIAGE AND FAMILY THERAPISTS
P. O. Box 141369 MC1982
Austin, TX 78814-1369

1-800-942-5540

TEXAS STATE BOARD OF EXAMINERS OF
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