



**New Client Information
(Couples)**

Today's date: _____

Thank you for your cooperation in completion of this form. Please notify me if any of the following information changes during the course of your treatment.

Contact Information:

Client 1 is the person completing the form:

▪Client 1: _____

Home Address: _____

City/State/Zip Code: _____

Phone (cell): _____ Phone (work): _____

Email Address: _____

Date of Birth: _____ Age: _____

Occupation: _____

Employer: _____

If I need to contact you, do I have your permission? _____Yes _____No

How do you prefer to be contacted? _____Phone _____Text _____Email

Can I send appointment reminders to you Email address? _____Yes _____No

▪Client 2: _____

Home Address: _____

City/State/Zip Code: _____

Phone (cell): _____ Phone (work): _____

Email Address: _____

Date of Birth: _____ Age: _____

Occupation: _____



Employer: _____

If I need to contact you, do I have your permission? _____Yes _____No

How do you prefer to be contacted? _____Phone _____Text _____Email

Can I send appointment reminders to you Email address? _____Yes _____No

▪Marital Status: *Single Engaged Married (_____years married) Separated Divorced*

▪Children's names and ages (if applicable):

What Brings Your Family to Cambron Counseling?

▪Briefly describe your concerns for which you are seeking help:

▪What do you hope to accomplish in therapy?

▪How do you (as a couple) typically handle conflict?

▪Are there any major life events occurring (or that have occurred) that you are dealing/struggling with? (i.e. infidelity, job loss, life threatening illness, problematic child).

▪What are your strengths as a couple? Any special things you enjoy doing together?

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▪Please rate your current level of relationship satisfaction by circling the number that corresponds with your current feelings about the relationship:

(extremely unhappy) 1 2 3 4 5 6 7 8 9 10 (extremely happy)

Medical Information:

▪Has either partner received a mental health diagnosis? _____ Yes _____ No

▪If “yes”, what was the diagnosis?

▪Are either of you currently under the care of a doctor or psychiatrist? Explain:

▪Do either of you take medication (prescribed or over the counter)? If so, please explain what for:

▪Are either of you currently receiving therapy services with another professional? Please explain.

▪Any additional information important for me to know?
