



222 Southside Avenue · Mooresville, NC 28115
704-658-0238 · 704-658-0896 FAX
www.CCofMooresville.com

COUPLES INTAKE FORM

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ His Cell: _____

Her Cell: _____ Which of these is the best way to reach you? _____

Email Address: Him: _____

Her: _____

Date of Birth (Him): _____ (Her) _____ Married: _____ Anniversary: _____

Previous marriages? Him _____ How Many? _____ Her _____ How Many? _____

Are your parents divorced? Him _____ How old were you? _____ Her _____ How old were you? _____

Do you have any siblings? Him _____ Her _____ If so, how Many? Him _____ Her _____

Where are you in the birth order? Him _____ Her _____

Please give the following information for each person that currently lives in your home, including yourself.

Table with 3 columns: Name, Age, Relationship to Self. Contains 5 rows of blank lines for data entry.

Please also list any other people in your immediate family who may not be living in your house:

Table with 3 columns: Name, Age, Relationship to Self. Contains 3 rows of blank lines for data entry.

Personal and Medical Information:

Are you currently taking any prescription medications? _____ Name of Medication _____

List any past or present medical issues: _____

List any secondary issues, (sleeplessness, panic attacks, phobias) : _____



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Continued (Couples Intake Form)

Date of last physicals: Him: _____ Her: _____

Note any significant events occurring at this time (job loss, death in family, financial trouble): _____

List any emotional issues that are present (anger, anxiety, moodiness) : _____

Have you had thoughts of harming yourself or ending your life? _____

If yes, please describe (how long ago?; did you have a plan?): _____

Have you had thoughts of harming someone else? Him _____ Her _____ If yes, please explain: _____

Family History (please include yourself in this and specify whom it is in your family):

Alcoholism/Drug Abuse: _____

Depression, Manic/Depression, Schizophrenia: _____

Other mental illness: _____

Emotional, verbal, physical, or sexual abuse: _____

Other significant childhood traumas: _____

Back Ground Information:

Do you currently attend church? _____ Which church do you attend? _____

Occupation? Him _____ Her _____

Are your parents living? Him _____ Her _____

Have you ever seen a therapist before? _____ Was it helpful and how? _____

How did you hear about Christian Counselors of Mooresville? _____

What brings you here today? _____

FOR OFFICE USE ONLY

Counselor: _____ Diagnosis: _____

A-U-F-P-B-C: _____ Length of Visit: _____ 1/2 Hr. _____ Hr. _____ Hr. & 1/2 _____ 2 Hrs.