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This form helps me become familiar with information about you and the reason you are seeking services at this time. Please complete the following information, leaving blank any item that you do not feel comfortable answering. Place a star (*) next to items you would like to emphasize in your psychotherapy experience.

Name: _____ Date: _____

Name: _____

Describe your main reason for seeking couples therapy at this time?

What are your ages? _____

Please list any medical conditions that either partner has:

List any medications the either partner is taking:

Over-The-Counter Medications:

Name	Dose	Frequency	Reason
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Prescribed Medications:

Name	Dose	Frequency	Reason	Prescribed by
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Is either partner in therapy and if so, please provide the name of the therapist and dates seen:

Please indicate if either partner experiences significant emotional and/or mental health concerns:

Thank you for your openness. I look forward to working with you.