



**South Charlotte Counseling and Psychotherapy,
PLLC**

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COUPLES INTAKE FORM

Date: _____

Name of Partner A: _____

Birth Date: ____/____/____ Age: ____ Gender: Male Female

Address: _____

Home Phone: () _____

May we leave a message? Yes No

Cell/Other Phone: () _____

May we leave a message? Yes No

E-mail: _____

May we email you? Yes No

*Please be aware that email might not be confidential.

Emergency Contact: _____ Phone : () _____

Name of Partner B: _____

Birth Date: ____/____/____ Age: ____ Gender: Male Female

Address: _____

Home Phone: () _____

May we leave a message? Yes No

Cell/Other Phone: () _____

May we leave a message? Yes No

E-mail: _____

May we email you? Yes No

*Please be aware that email might not be confidential.

Emergency Contact: _____ Phone : () _____

Referred by: _____

Relationship Status:

- Married
- Separated
- Divorced
- Living together
- Life Partners
- Dating

Length of time in current relationship: _____

What do you hope to accomplish through couples therapy?

What have you already tried to do to work on your difficulties as a couple?

What are your strengths as a couple?

Partner A, please check all your concerns in the relationship:

- Communication
- Parenting
- Security
- Finances
- Overall Satisfaction
- Sexual Relationship
- Connection
- Deceit
- Companionship
- Other: _____
- Attraction
- Infidelity
- Religious beliefs
- Roles

Partner B, please check all your concerns in the relationship:

- Communication
- Parenting
- Security
- Finances
- Overall Satisfaction
- Sexual Relationship
- Connection
- Deceit
- Companionship
- Other: _____
- Attraction
- Infidelity
- Religious beliefs
- Roles