

COUPLE BIOGRAPHICAL INFORMATION  
INTAKE FORM

Daniela R. Roher, Ph.D., PLC

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy Form that I provide and you signed. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH/PLACE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: Street: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE: H: \_\_\_\_\_ Cell: \_\_\_\_\_ W/Off: \_\_\_\_\_

FOR ROUTINE MESSAGES: Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

FOR CONFIDENTIAL/PRIVATE MESSAGES:

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

HIGHEST GRADE/DEGREE: \_\_\_\_\_

TYPE OF DEGREE: \_\_\_\_\_

PERSON & PHONE NO. TO CALL IN EMERGENCY:

\_\_\_\_\_

REFERRAL SOURCE:

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

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Presenting problem:

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How long has this been going on? \_\_\_\_\_

### **Background History**

People currently living in your household:

Name	Relationship	Age	Birthplace	Occupation or grade level
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Members of your Family of Origin:

Name	Relationship	Age	Where living	Occupation or grade level
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Have you ever taken any medication for mental health concerns?

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If so, what are/were them; what dosages, and for how long?

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With what results?

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Has any member of your family been hospitalized for mental health concerns?\_\_\_\_\_

If yes, please list when and for what reason:

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Do/did you have any family members who have/had problems with alcohol or drug abuse?

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If yes, please list who, when and if it is still a problem

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What are your strengths?

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What do you see as your partner's strengths?

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Please describe how you feel when with your partner:

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How often do you feel this way?

Always \_\_\_\_\_

Most of the time \_\_\_\_\_

Often \_\_\_\_\_

At times \_\_\_\_\_

Rarely \_\_\_\_\_

What if any relationship, outside of the current one, do you have that is not going well at this time? \_\_\_\_\_

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What if any relationship, outside of the current one, do you have that is supportive and fulfilling at this time?

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Please describe why you are seeking help at this time.

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Can you pinpoint or recall when it started and what triggered it?

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How would you describe your relationship before then?

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If you could change anything about your relationship, what would that be?

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How are you affected by the problems in your relationship?

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Is there anything else that you would like me to know at this point about your relationship? If you need more space, please write on the back of this form.

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Thank you for providing this information. This will help me understand what is going on with you much better.

Please sign

today's date

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