

The Woodsfellow Institute for Couples Therapy
2801 Buford Hwy NE, Suite 295
Atlanta, GA 30329
phone 404-325-3401 fax 404-325-2897

INFORMATION FORM

Name _____	Today's date _____
Address _____	Date of birth _____
City State Zip _____	Age _____ Gender _____
Home phone () _____	May we leave a message? yes ___ no ___
Cell phone () _____	May we leave a message? yes ___ no ___
Email _____	How do you know them? _____
Referred by _____	Employer _____
May we thank them? yes ___ no ___	
Your occupation _____	
Work address _____	
City State Zip _____	
Work phone () _____	May we leave a message? yes ___ no ___
Marital status _____	Years married ___ Anniversary _____

Name: _____ Sex: _____ Age: _____

Children _____

Your physician _____
Their phone () _____ May we contact them? yes ___ no ___

If you are taking any medications, please list the medication and prescribing doctor

Check any of the following that apply to you and explain

Depression _____

Alcohol _____

Drug abuse _____

Other addictions _____

Serious illness _____

Violence _____

Suicide thoughts _____

Are these currently being treated? yes ____ no ____

By whom? _____

Their phone () _____

May we contact them? yes ____ no ____

Are you currently in therapy? yes ____ no ____

With whom? _____

Their phone () _____

May we contact them? yes ____ no ____

Have you ever been in therapy before? yes ____ no ____

With whom? _____

When? _____

Their phone () _____

May we contact them? yes ____ no ____

How will you know when your couples therapy is successful?

Realistically, how long do you think this might take? _____

Payments and Cancellations

I agree to pay for my treatment at the time of service.

I agree that if I cancel an appointment without sufficient notice, I will pay for the time that was saved for me.

Date _____

Signature _____

Print your name _____

Name _____

Date _____

For each of these topics, please write a sentence or two about how you handle these areas of life:

Talking to each other, staying emotionally connected, spending time together

Outside stressors spilling over into your relationship

Irresolvable disagreements and gridlocks

Romance, verbal affection, physical affection

Sexuality and physical intimacy

Major life change events: births, deaths, moves, job losses, illnesses, etc.

Children and co-parenting

Relatives and in-laws

Infidelity, Jealousy, flirtation

Disagreements, fights, anger

Differences in your values and preferences

Very hard events: violence, alcohol, drugs

Teamwork on chores, childcare

Decision-making, influence, power-sharing

Finances, spending, saving, financial planning

Recreation, fun, hobbies

Spirituality and religion