



1133 Broadway, Suite 1028 – New York, NY 10010

(646) 704-3520

www.mybestrelationship.com

CONFIDENTIAL CLIENT INFORMATION FORM – FOR COUPLES

Please complete this form with your partner, each filling in a column with your individual information.

CONTACT INFORMATION:

DATE:		
NAME:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
DATE OF BIRTH:		
COUNTRY OF BIRTH:		
BEST CONTACT PHONE:		
OK TO LEAVE MSG?		
ALTERNATE PHONE:		
OK TO LEAVE MSG?		
EMAIL ADDRESS:		
OK TO EMAIL?		

DEMOGRAPHIC INFORMATION:

SEX:		
SEXUAL ORIENTATION:		
RELATIONSHIP STATUS:		
DO YOU HAVE CHILDREN?		
ETHNICITY:		
OCCUPATION:		
EMPLOYER:		

HOW LONG HAVE YOU BEEN TOGETHER?

CANCELLATION POLICY & CREDIT CARD INFORMATION:

Please give as much notice as possible if you need to cancel an appointment as your appointment time is specifically reserved for you.

If you cancel an appointment with less than 24-hours notice, or if you do not show for a scheduled appointment, you are responsible for the full fee for the session.

Please sign below to indicate that you are aware of this policy and agree to it.

Name (printed)

Signature

Date

Please indicate a credit card number to be kept on file to charge for missed or cancelled sessions with less than 24-hours notice.

Name on card: _____

CC#: _____

Expiration date: _____

CVV code: _____

By signing below, I authorize My Best Relationship Psychological Services, PLLC to charge the above credit card for a missed or cancelled session with less than 24-hours notice.

Name (printed)

Signature

Date

PLEASE EACH ANSWER THE FOLLOWING QUESTIONS SEPARATELY, PRINTING 2 COPIES AS NEEDED:

REFERRAL INFORMATION:

Current reasons for seeking couples therapy at this time:

Please estimate how much the above issue(s) effect you right now:

- ☐ Not upsetting
- ☐ Mildly upsetting
- ☐ Moderately upsetting
- ☐ Very upsetting
- ☐ Extremely severe
- ☐ Totally incapacitating

How did you hear of My Best Relationship Psychological Services, PLLC?

HEALTH INFORMATION AND HISTORY:

Have you previously received any type of mental health services (individual or couples psychotherapy, psychiatric services, etc.)?

- ☐ Yes
- ☐ No

If so, when and for how long?

For what issues?

Was/were your previous experience(s) with mental health services helpful?

- ☐ Yes
- ☐ No

If so, what was most helpful, and if not, why not?

Do you currently take any medication?

- ☐ Yes
- ☐ No

If yes, please list name of medication, dosage and prescriber:

Have you ever been hospitalized?

- ☐ Yes
- ☐ No

If yes, please indicate when and for what reason:

Please list any past/present drug and alcohol use. What have you used and how much, when was your last use, what do you currently use and how much?

MISCELLANEOUS:

What are your biggest worries or fears about your relationship?

What do you consider to be your and your partners biggest strengths in your relationship?

What are your major challenges at this time in your relationship?

Please feel free to let me know any other information that might be helpful in our work together:

Thank you for taking the time to complete this form!