Lauren Hoyt, LLC
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NEW COUPLE REGISTRATION

Name of Partner#1 _______________________________ Date_____________________

DOB _______________ Email Address: ______________________________________

Address ____

City _____________________________ State _______________ Zip ________________

Home Telephone ( ) ___________________ Cell ( ) _____________________

How may I contact you if need be? ☐ Home ☐Cell ☐Email ☐Other

List Medications that you are currently taking, the dosage and number of times per day (please include non-prescription or herbal remedies)?
____
____

Have you ever considered suicide? ☐Yes ☐No If yes, When?___________________

In case of an emergency, who may I contact (other than your partner/spouse):

Name __________________________ Relationship to you _______________________
Phone: ( )____________________

Name of Partner #2_________________________________ Date___________________

DOB _______________ Email Address: ______________________________________

Address (if same write same)____

City _____________________________ State _______________ Zip ________________

Home Telephone ( ) ___________________ Cell ( ) _____________________

How may I contact you if need be? ☐Home ☐Cell ☐Email ☐ Other

List Medications that you are currently taking, the dosage and number of times per day (please include non-prescription or herbal remedies)?

____

____

Have you ever considered suicide? ☐**Yes** ☐**No**
If so, when?_____________________________________

In case of an emergency, who may I contact (other than your partner/spouse):

Name ________________________ **Relationship to you** _____________________
Phone: ( )__________________

Please complete about the relationship:

Relationship Status: ☐ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Cohabitating**
☐**Living together** ☐**Living separate**

Duration of Relationship: ___________ **If married, duration of marriage:**___________

Please list children including names, gender and ages:

Have either of you been married before your current relationship? If so, how long was the duration of the previous marriage? _____________/_________________

Presenting Concerns of Current Relationship: Please list the major issues you would like help with in therapy, and rate the severity of each according the below (1-10, 1 being a mild problem and 10 being the most severe):

Type of Concern or Issue **Rating**

1.____ _______

2. ____ _______

3. ____ _______

Have either of you threatened to separate or divorce (if married) as a result of the current relationship issues or problems? ☐**Yes** ☐ **No**

Have you received prior couples counseling related to any of the above problems? ☐**Yes**
☐**No**

If yes, When? ________________________________ Where and With Whom?:_______________________________________ Length of treatment:________
What was the outcome of your previous couples counseling together, please check one:
☐ **Very Successful** ☐**Somewhat successful** ☐**Somewhat worse** ☐**Much worse**

Have either you or your partner struck, physically restrained, used violence against or injured your partner? ☐**Yes** ☐**No**

Do either of you have problems with anger? If so, who? ____________________________

Do you know of or suspect addiction or compulsivity issues (ie drugs, alcohol, money, sex, food, gambling)? ☐**Yes** ☐**No**

Have either of you received individual counseling before?
☐**Yes** ☐**No**

Are either of you currently in individual counseling? ☐**Yes** ☐**No If yes, with whom? __________________________________ May I contact that person?** ☐**Yes** ☐**No**

Give a brief summary of the concern that you addressed and was it helpful? Please include any diagnosis if they were given.

Would you like to be given reminders of our scheduled appointment via email.
☐**Yes** ☐**No If yes, which email account? _____________________________________**

How would you like me to send a discharge letter at the end of your treatment? ☐**Email** ☐**Snail Mail**

How did you hear about me? ____

***Payment for services are due at the time of your session(s).**

I/We consent to consultation and/or treatment for the above mentioned person(s):

X____
Signature Today's date

X____
Signature Today's date