

Rhonna W. Phillips
Counseling & Therapy Services, LLC

TO BEGIN THE PROCESS AND PREPARE FOR YOUR INITIAL COUPLES' INTAKE APPOINTMENT PLEASE, EACH OF YOU, COMPLETE THE PSYCHOSOCIAL HISTORY FOR INDIVIDUAL INTAKE ASSESSMENT FORMS.

Two sets are attached below and can be printed out. Each set is 5 pages per person. You can scan them and email them to me in advance or bring them with you when you come. If you don't you will need to complete yours during your appointment time and this will limit our discussion time.

This information will provide me a basis to begin to understand each of your upbringings, backgrounds and the foundations for your personal values, which you may have brought to your relationship. It will also help us use our time efficiently and conveniently.

During our appointment time, I will personally ask you the Couple's Assessment questions. These will pertain to the nature of your concerns, your communication, problem solving and/or dispute resolution styles.

Please call me if you have any questions about this process. I look forward to working with you!

Rhonna W. Phillips, MA

Licensed Professional Counselor- Supervisor
Licensed Marriage and Family Therapist
Collaborative Practitioner
Qualified Family & Domestic Relations Mediator

Rev 05-2016

Rhonna W. Phillips
Counseling & Therapy Services, LLC

PSYCHOSOCIAL HISTORY FOR INDIVIDUAL INTAKE ASSESSMENT

Client Name: _____ Intake date: _____
Preferred or nickname: _____ DOB: _____ Age: _____
Address: _____ City _____ State: ___ Zip _____
Cell Phone: _____ Home Phone: _____ IDs Gender as: _____
Ethnicity as: _____ Country born in: _____
Highest Grade/degree completed: _____ Major: _____
Current School: _____ for _____
Military service? You or close relative? _____
Current Job: _____ Co: _____ How long? _____
Currently living with? _____ Referred by: _____
Problem? “ _____ ”
Event that triggered appt: _____

Attach separate notes if you prefer to write more detail. If your counseling is
Conjoint, only submit what you are willing to share with other session members.

SOCIAL & CURRENT INTIMATE RELATIONSHIP:

Circle current intimate relationship status: Dating, Girl/Boyfriend, Live together,

Marriage # _____

Year/Age Met _____ where _____

Year/Age began Dating _____

Year/Age Lived together _____

Year/Age Married _____ partner was age _____ # yrs married _____

Who else resides w/you? _____ Names/Gender/Age of kids

biological to you both:

Partners' kids: _____

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First Sig relationship/ Marriage: Year met _____ At _____ You were age _____

Year dated _____ you were age _____

Year lived together _____ you were age _____

Year married _____ you were age _____ # yrs married _____

of years divorced _____ Why did the rel end? _____

Children's Names/Gender/Age: _____

_____ Stepchildren from this relationship- Names/Gender/Age:

Which of these children visit w/you now? _____

Second Sig relationship/ Marriage: Year met _____ At _____ You were age _____

Year dated _____ you were age _____

Year lived together _____ you were age _____

Year married _____ you were age _____ # yrs married _____

years divorced _____ Why did the rel end? _____

Children's Names/Gender/Age: _____

_____ Stepchildren from this relationship- Names/Gender/Age:

Which of these children visit w/you now? _____

Other Significant Intimate Relationships past or present _____

Age 1st sexually active _____ Sexual identity _____

sex partners in past 6 mos _____

Happiest memory of any intimate relationship _____

Worst memory of any intimate relationship's _____

Any: Domestic Violence Y/N _____

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Legal Probs Y/N _____ Arrests Y/N _____

DUI Y/N _____ Court Dates _____ Name of Lawyer _____

Court orders _____ Name of Probation officer _____

Lawsuits Y/N _____ \$ Concerns Y/N _____

Child Support paid & current or unpaid _____

Attach additional notes if needed to explain above.

FAMILY OF ORIGIN:

Support system is: _____ **Religion:** Raised _____,

Current Religion: _____ Attend: _____

Parents Married _____ yrs, If Divorced you were age _____ You lived w/ _____

Mother remarried Y/N # _____ Father Remarried Y/N # _____ Contact w/ non
custodial parent was: _____ Relationship

w/ Step Fa was: _____ w/ Step Mo was: _____

Bio Siblings: Name/Gender/Age: _____

½ sibs or Step sibs Name/Gender/Age _____

Happiest memory of childhood _____

Worst memory of childhood _____

History of Abuse: Verbal Y/N Emotional Y/N Physical Y/N Sexual Y/N Explain:

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MENTAL/ HEALTH TREATMENT:

Alcohol use:

Beer # per day _____ per week _____ Wine # per day _____ per week _____

Hard Liquor # per day _____ per week _____ Last Marijuana use _____

Substances that you use socially/ recreationally: _____

Freq per day _____ week _____ Substances you abuse: _____

Freq per day _____ week _____ Have you or anyone close to you ever been concerned about your Alcohol or substance use? _____ Tobacco

use per day _____

Past **Psychiatric** treatment Y/N:

Dr. _____ for _____ Yr _____

Dr. _____ for _____ Yr _____

If any Residential treatment or Psychiatric hospitalizations please list, by date, on separate paper

Mental health Counselors: If considering a change why? _____

Current _____ Since _____ for _____

Counselor _____ Year _____ for _____

Counselor _____ Year _____ for _____

Counselor _____ Year _____ for _____

Family Mental Health History: (Depression, Anxiety, Substance Abuse, Suicide Attempts, Hospitalizations, etc)

Mother: _____ **Maternal Grandparents:** _____

Aunts/Uncles: _____ **Cousins:** _____

Father: _____ **Paternal Grandparents:** _____

Aunts/Uncles: _____ **Cousins:** _____

Siblings: _____ **Kids:** _____

Any past or present **Medical** Conditions: _____

chronic conditions _____ Hosp: _____ Surgeries: _____

Allergic to any RX? _____

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Past Medication: _____ for _____ by Dr. _____.
_____ for _____ by Dr. _____.
_____ for _____ by Dr. _____.
_____ for _____ by Dr. _____.

Current Medication, Herbs & Supplements, include contraception:

_____ for _____ dose: _____ by Dr. _____
_____ for _____ dose: _____ by Dr. _____
_____ for _____ dose: _____ by Dr. _____
_____ for _____ dose: _____ by Dr. _____

Add separate page if additional space is needed

Any other important information to share: _____

OFFICE NOTES: Potential Tx Goals: _____

Plan _____

HMWK _____ RTC _____

Rhonna W. Phillips, MA Date

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Rev. 01-2018

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Aunts/Uncles: _____ **Cousins:** _____

Siblings: _____ **Kids:** _____

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