

STMC, LLC
Clear Heart Counseling
4531 SE Belmont St., Suite 319, Portland, OR 97215 · (971) 266-1693
stuart@clearheartpdx.com

COUPLE/FAMILY INTAKE FORM

Please complete this form to the best of your comfort and ability and bring with you to your first appointment. If you have any questions or concerns regarding this form, you will have an opportunity to discuss this with your counselor.

All information is confidential unless released by written consent, except as otherwise required by law.

Today's Date: _____

Name: _____

Name: _____

Gender/Pronoun: _____

Gender/Pronoun: _____

Current Address: _____

Current Address: _____

Email: _____

Email: _____

Phone: _____

Phone: _____:

OK to leave message? Yes ___ No ___

OK to leave message? Yes ___ No ___

DOB: _____ Age: _____

DOB: _____ Age: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Emergency Contact: _____

Emergency Contact: _____

Emergency Contact's Ph.: _____

Emergency Contact's Ph.: _____

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Children/Other Household Members:

Name: _____ Relationship: _____ Age: _____ Living with you? _____

Name: _____ Relationship: _____ Age: _____ Living with you? _____

Name: _____ Relationship: _____ Age: _____ Living with you? _____

Name: _____ Relationship: _____ Age: _____ Living with you? _____

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How long have you been together?

There is something important about your seeking counseling services at this moment in your life. Can you describe “why now”?

Please share your family and personal history of substance use and/or mental health diagnoses.

Are there any current or chronic medical issues? Please list any medications you are taking.

Do you currently use drugs or substances other than the medications listed above? (Ex. over-the-counter medicine, recreational drugs, alcohol, tobacco, etc.). If so, please explain what and how often:

Do either of you have a history of suicidal thoughts, attempts, or other self-harm)? If so, how often in the past six months?

What do you hope to gain from your counseling?

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Have you experienced physical, sexual, or emotional traumatic events? (e.g. being in a serious accident, experienced abuse, witnessing a death). If so, please briefly list date(s) and a short description of trauma(s). Note that we will not go into details in session about a trauma unless relevant to couple counseling and exploring your feelings about processing them first.

Is there anything else you believe I should know about you and your family?