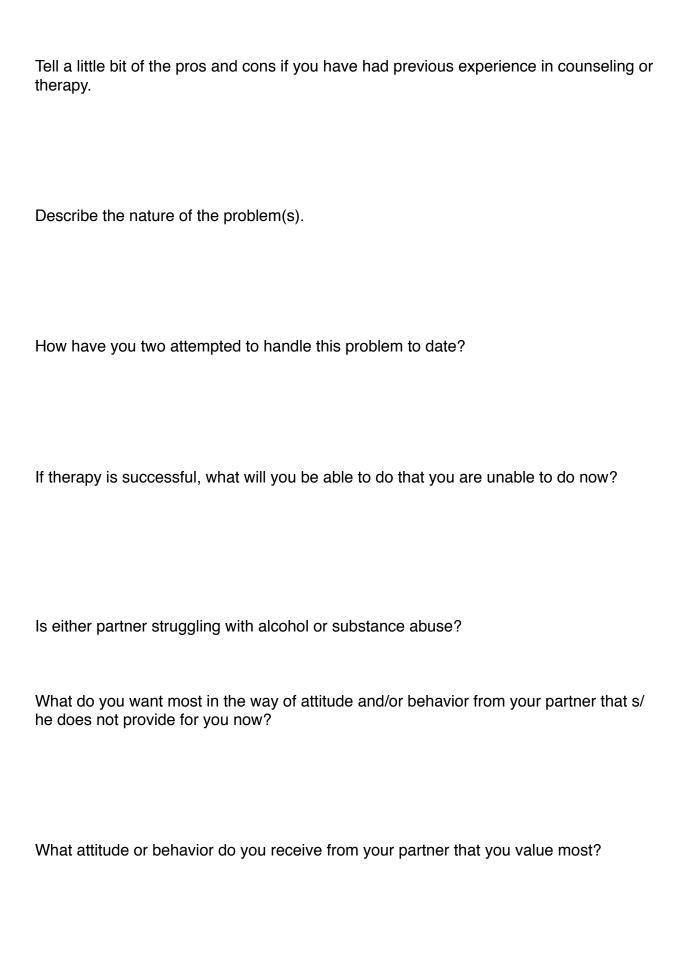
## **Jody Myers MA LMHC**

Finding the Balance 1812 E. Madison Suite 107 206 437-5623

## Intake Questions for Couples

Name	Date of Birth
Address	
Way you spend your day(s)	
Telephone	_email
Emergency contact	
Do you have any medical concerns	s or conditions?
Please list the pharmaceutical and	or herbal medications you take currently.
What is your current living situation housing)	n at this time? (pets, children, roommates, spouses,
What prompted you to come for th	erapy at this time?
Who initiated seeking therapy?	



How much time do the two of you spend together?
What interests do you share/ enjoy together or independently?
Does sex serve a function in the marital/ partnered system?
Do you or your partner have sexual interests in others (past or present)?
Is there any other information that would be of value to me in helping you?
This and all information you share with me will be held in strict confidence. With a few exceptions (I will tell you at our first appointment), your right as a client is maximum confidentiality, except where you have expressly given me written and signed consent to talk to others whose information is deemed pertinent.